

Forest Health Cooperative
Forest Health Dynamics Laboratory
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 Forestry and Wildlife Sciences Building
 Auburn University, Auburn, AL 36849-5418
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 334-844-1538



Diagnostic Laboratory Use Only:

Date Received: _____
 Received by: _____

Tree Disease Diagnostic Form

Please include ALL relevant data; maintain an office copy; submit original copy with specimen

Date Sample Collected: _____ Date Sample Shipped: _____ No. of Samples: _____
 Sample Location - County, State: _____ Sample ID: _____

Submitter Information

Results Recipient

(If different than submitter)

Name: _____
 Company: _____
 Address: _____
 City/Zip: _____
 Phone No: _____
 Fax No: _____
 Email: _____

Tree and Site Information

Select ALL that apply

Tree Species:	<input type="checkbox"/> Loblolly	<input type="checkbox"/> Longleaf	<input type="checkbox"/> Shortleaf	<input type="checkbox"/> Slash	
Site Location:	<input type="checkbox"/> Forest	<input type="checkbox"/> Nursery	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other:	
Aspect:	<input type="checkbox"/> N <input type="checkbox"/> NE	<input type="checkbox"/> E <input type="checkbox"/> SE	<input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW		
Slope %:	<input type="checkbox"/> 0 - 5%	<input type="checkbox"/> 5 - 10%	<input type="checkbox"/> 10 - 15%	<input type="checkbox"/> > 15%	
Soil Type:	<input type="checkbox"/> Sand	<input type="checkbox"/> Silt	<input type="checkbox"/> Clay	<input type="checkbox"/> Loam	
Age of Planting:	<input type="checkbox"/> 0 - 10	<input type="checkbox"/> 11 - 20	<input type="checkbox"/> 21 - 30	<input type="checkbox"/> 31 - 40	<input type="checkbox"/> > 40
Foliage Symptoms:	<input type="checkbox"/> Flagging	<input type="checkbox"/> Resinous	<input type="checkbox"/> Wilted	<input type="checkbox"/> Yellowed	
Root Symptoms:	<input type="checkbox"/> Insect Signs	<input type="checkbox"/> Hylastes	<input type="checkbox"/> Other: <input type="checkbox"/> Rotted <input type="checkbox"/> Stained		
Insect Attack:	<input type="checkbox"/> BTB	<input type="checkbox"/> Branches	<input type="checkbox"/> Ips	<input type="checkbox"/> SPB	<input type="checkbox"/> Termites
Insect Damage:	<input type="checkbox"/> Boles	<input type="checkbox"/> Localized	<input type="checkbox"/> Foliage	<input type="checkbox"/> Roots	
Stand Prevalence:	<input type="checkbox"/> Entire	<input type="checkbox"/> Medium	<input type="checkbox"/> Scattered	<input type="checkbox"/> % Affected	
Severity of Damage:	<input type="checkbox"/> Low	<input type="checkbox"/> Fire	<input type="checkbox"/> High	<input type="checkbox"/> Severe	<input type="checkbox"/> Weevils
Recent Silviculture:	<input type="checkbox"/> Fertilizer		<input type="checkbox"/> Herbicide	<input type="checkbox"/> Insecticide	<input type="checkbox"/> Thin/Harvest

Problem Description: _____

