

**Forest Health Cooperative**  
**Forest Health Dynamics Laboratory**  
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<https://fp.auburn.edu/ForestHealthCooperative/default.htm>



**Diagnostics 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 Taken: \_\_\_\_\_

Date Sample Shipped: \_\_\_\_\_

Sample No. ( ) of ( )

Sample location - County, State: \_\_\_\_\_

Sample ID: \_\_\_\_\_

**Submitter Information:**

**Client Information:**

(If different from Submitter)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method for results:

Mail: \_\_\_ Submitter \_\_\_ Client

Fax: \_\_\_ Submitter \_\_\_ Client

## Tree and Site Information

Select ALL that apply.

Tree (Pine or Hardwood spp.): \_\_\_\_\_

Planting Type: \_\_\_ Forest \_\_\_ Nursery \_\_\_ Greenhouse \_\_\_ Other: \_\_\_\_\_

Exposure: \_\_\_ Full sun \_\_\_ Partial shade \_\_\_ Full shade \_\_\_ Windy \_\_\_ Protected \_\_\_ Irrigated

Aspect: \_\_\_\_\_ % Slope: \_\_\_\_\_

Soil Type: \_\_\_ Sand \_\_\_ Silt \_\_\_ Clay \_\_\_ Loam \_\_\_ Other: \_\_\_\_\_

Age of Planting: \_\_\_ 0 – 10 \_\_\_ 11 – 20 \_\_\_ 21 – 30 \_\_\_ 31 – 40 \_\_\_ 41 – 50 \_\_\_ 51+

Foliage Symptoms: \_\_\_ Wilted \_\_\_ Spotted \_\_\_ Yellowed \_\_\_ Mosaic \_\_\_ Other: \_\_\_\_\_

Root Symptoms: \_\_\_ Rotted \_\_\_ Resinous \_\_\_ Stained \_\_\_ Insect Signs \_\_\_ Other: \_\_\_\_\_

Insect Attack: \_\_\_ BTB \_\_\_ SPB \_\_\_ Ips \_\_\_ Weevils \_\_\_ Termites \_\_\_ Hylastes

Insect Damage: \_\_\_ Foliage \_\_\_ Branches \_\_\_ Bole \_\_\_ Roots

Prevalence: \_\_\_ Entire Planting \_\_\_ Localized \_\_\_ Scattered % Planting Affected: \_\_\_\_\_

Degree of Damage: \_\_\_ High \_\_\_ Medium \_\_\_ Low

Recent Chemicals: \_\_\_ Pesticide \_\_\_ Fertilizer What/when applied: \_\_\_\_\_

Recent Silviculture: \_\_\_ Thin \_\_\_ Prescribed fire \_\_\_ Other: \_\_\_\_\_

Problem Description: \_\_\_\_\_

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