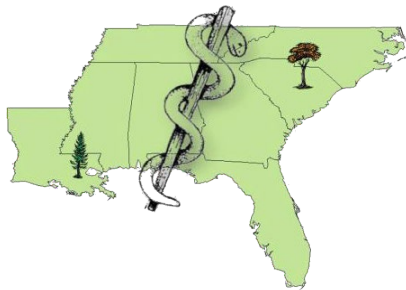


Forest Health Cooperative
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https://www.auburn.edu/academic/forestry_wildlife/foresthealthcooperative/



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, Coordinates: _____

Sample Location - Coordinates: _____

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: ___ Loblolly ___ Longleaf ___ Shortleaf ___ Slash ___ Other: _____

Site Location: ___ Forest ___ Nursery ___ Greenhouse

Aspect: ___ N ___ NE ___ E ___ SE ___ S ___ SW ___ W ___ NW

Slope %: ___ 0 - 5% ___ 5 - 10% ___ 10 - 15% ___ > 15%

Soil Type: ___ Sand ___ Silt ___ Clay ___ Loam

Age of Planting: ___ 0 - 10 ___ 11 - 20 ___ 21 - 30 ___ 31 - 40 ___ > 40

Foliage Symptoms: ___ Flagging ___ Thin ___ Wilted ___ Yellowed ___ Other: _____

Root Symptoms: ___ Insect Signs ___ Resinous ___ Rotted ___ Stained ___ Other: _____

Insect Attack: ___ BTB ___ Hylastes ___ Ips ___ SPB ___ Termites ___ Weevils

Insect Damage: ___ Boles ___ Branches ___ Foliage ___ Roots

Stand Prevalence: ___ Entire ___ Localized ___ Scattered ___ % Affected

Severity of Damage: ___ Low ___ Medium ___ High ___ Severe

Recent Silviculture: ___ Fertilizer ___ Fire ___ Herbicide ___ Insecticide ___ Thin/Harvest

Problem Description: _____
