

Please, photocopy this form so you have a spare form for future use. Complete one of these forms with each sample.  
Thank you

## Foliar Disease Sample Submission Form

# A C T S

Submitted by: _____ _____	_____ date
_____ company	_____ telephone
_____ street or P. O. Box	_____ fax
_____ city, state                      _____ zip	_____ email

Company/Grower _____ _____	Field _____ Crop _____ Growth Stage _____
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Describe symptoms in field (low or high areas, field edges, alternating rows in a regular pattern) \_\_\_\_\_  
\_\_\_\_\_

Describe symptoms on plant ( bottom or top leaves, in whorl, on outer edge of leaves)  
\_\_\_\_\_  
\_\_\_\_\_

### Field History

Weather	chemical applications	rotation/tillage

Other information (inbred, occurred last season)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

send samples and inquiries to:  
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**email    ralph@phytopath.com**  
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