

Maine Forest Service - Forest Insect & Disease Diagnostic Request and Report Form

Sample provided - yes no Collection date _____

Please package disease samples in poly bags and insects in crush-proof containers.

Tree species affected _____

Township _____ County _____

Location in Township: (use area at right to construct map)

Property owner, address, and daytime phone number:

Location of affected plants:

Forest or Woodlot ☐

Yard or Landscape ☐

Street or Driveway ☐

Barnyard or Pasture ☐

Tree Plantation ☐

Has the plant been recently transplanted? Yes No

Are there other plants of the same kind nearby? Yes No

Are they similarly affected? Yes No

Has the plant been recently fertilized? Yes No

Has the ground been disturbed? Yes No
when? _____

Have weed killers been used in the vicinity? Yes No what? _____

Approximate size of trees: height _____ diameter _____ Number of trees checked _____

Damage Type: none _____ defoliation _____ wood borer _____ other _____

Damage Location: leaves _____ branches _____ trunk(s) _____ roots _____

Degree of damage: none _____ trace-light (<30%) _____ moderate (≥ 30-50%) _____ heavy-severe (>50%)

No. of trees affected: none _____ one _____ many _____ OR Number of acres _____

Describe problem and other additional information:

Collector _____ Daytime Phone Number _____ email: _____

P.O. Address _____

If we need further information to diagnose this sample who should we contact? _____

Daytime Phone Number _____ email: _____

**Send sample to: Insect & Disease Laboratory, 168 State House Station, Augusta, ME 04333-0168
(or deliver in person to 90 Blossom Lane, Ste 201, Augusta Maine)**

Tel. (207) 287-2431 Fax (207) 287-7548

e-mail: patti.roberts@maine.gov

Please send diseased herbaceous material to: Pest Management Office, Plant Disease Diagnostics Lab, 491 College Ave., Orono, ME 04473, <http://extension.umaine.edu/ipm/>