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

Please package disease samples in poly bags and insects in crush-proof containers. Tree species affected Township County	Sample provided - yes no Collect	etion date
Township County Location in Township: (use area at right to construct map) Property owner, address, and daytime phone number:	Please package disease samples in pol	ly bags and insects in crush-proof containers.
Location in Township: (use area at right to construct map) Property owner, address, and daytime phone number: Location of affected plants:	Tree species affected	
Location in Township: (use area at right to construct map) Property owner, address, and daytime phone number: Location of affected plants:	Township Cour	nty
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 plant been recently fertilized? Yes No Has the ground been disturbed? Yes No Damage Expression one □ defoliation □ wood borer □ other Damage Type: none □ defoliation □ wood borer □ other 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? □		
Forest or Woodlot	Property owner, address, and daytime	phone number:
Forest or Woodlot	Location of affected plants:	
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 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?	•	
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	P.O. Address	
Daytime Phone Number email:	If we need further information to diag	nose 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