



UNIVERSITY OF  
**GEORGIA**

Department of Plant Pathology  
Tifton campus

## Sample Submission Form

Molecular Diagnostic Laboratory

Shipping Address:

Tifton, CAES Campus,  
2360 Rainwater Rd., Tifton, GA 31793

Phone: 229-386-7230

Fax: 229-386-7285

Email: [emran.ali@uga.edu](mailto:emran.ali@uga.edu)

MDL staff only

Received by: \_\_\_\_\_

Received date: \_\_\_\_\_

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

Processed by: \_\_\_\_\_

Date completed: \_\_\_\_\_

Diagnostic fee (Amt): \_\_\_\_\_

Pmt type: \_\_\_\_\_

Visit: <https://site.caes.uga.edu/alimdl/>

### Submitter/ Client Information

Submitter name		Grower Category	
Address		<input type="checkbox"/> Commercial grower	
Phone no		<input type="checkbox"/> Consultant	
Email		<input type="checkbox"/> Homeowner	
Client name (if different)		<input type="checkbox"/> Golf Course	
Address		<input type="checkbox"/> Research	
Phone no		<input type="checkbox"/> Extension	DDDI No. _____
		<input type="checkbox"/> UGA PDC	
		<input type="checkbox"/> Other	

### Sample Information

Origin of sample (County/state)			
Date Sample taken		Size of Planting	<input type="checkbox"/> Acres _____ Or
Date of sample submission			<input type="checkbox"/> No of Plants _____
Plant Species		Extent of Problem	<input type="checkbox"/> % of plants affected _____ Or
Variety/Cultivar			<input type="checkbox"/> No of plants affected _____
Symptoms (check all that apply)	<input type="checkbox"/> Wilting	<input type="checkbox"/> Yellowing	<input type="checkbox"/> Mottling
	<input type="checkbox"/> Stunting	<input type="checkbox"/> Leaf spot	<input type="checkbox"/> Browning
	<input type="checkbox"/> Dieback	<input type="checkbox"/> Chlorosis	<input type="checkbox"/> Root rot
	<input type="checkbox"/> Burn/scorch	<input type="checkbox"/> Distortion	<input type="checkbox"/> Canker or Gall
			<input type="checkbox"/> Fruit rot
			<input type="checkbox"/> Fruit spot
			<input type="checkbox"/> Mosaic leaf
			<input type="checkbox"/> Other
Suspected pathogen or disease (if any)			
Send result to	<input type="checkbox"/> Submitter <input type="checkbox"/> Client <input type="checkbox"/> Third party	Send result via:	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Standard mail
			<input type="checkbox"/> Phone <input type="checkbox"/> Other (please specify)

### Test of concern

<input type="checkbox"/> Bacteria test	<input type="checkbox"/> Virus test	<input type="checkbox"/> Fungus test	<input type="checkbox"/> Nematode test

### Payment Information

Please make sure your payment to the MDL for the specific service. The results will only be provided upon receipt of payment. Molecular test per sample \$40.00. Each additional assay for different pathogens or target on same extracted DNA/RNA/sample = \$10.00.

Payment made by	Send invoice (E-mail/Fax) to:
<input type="checkbox"/> Check payable to MDL <input type="checkbox"/> Credit/debit card	<input type="checkbox"/> Submitter <input type="checkbox"/> Client

I hereby agree to pay the appropriate fees for this service. I acknowledge that the accuracy of the assay is dependent on the quality of samples with thorough background information. Poor quality of samples may lead to inaccurate test results.	Signature: _____
	Printed name: _____
	Date: _____
	*Signature is required for sample processing.

TEST RESULTS (MDL staff only): Observation: _____
Test method: _____
Common name: _____ Scientific name: _____
<input type="checkbox"/> Undetected Date: _____ Signature: _____

\*For more details on sample submission instruction, please go to: <https://site.caes.uga.edu/alimdl/submission-forms/>