

CORNELL COOPERATIVE EXTENSION DIAGNOSTIC SERVICES REQUEST FORM

DATE: _____ PHONE (Daytime): _____

NAME: _____

EMAIL: _____

AGENCY/BUSINESS: _____

ADDRESS: _____

SERVICES REQUESTED:

- | | | |
|--------------------------|------------------------------|-------------|
| <input type="checkbox"/> | Insect identification | \$5.00 each |
| <input type="checkbox"/> | Plant disease identification | \$5.00 each |
| <input type="checkbox"/> | Weed or plant identification | \$5.00 each |

Date sample was collected: _____ Total _____

Comments:

For CCE Master Gardener Use Only

Recommendation: _____ Date: _____ Initials: _____
