

Sample #

Colorado State University Extension

CLINIC DIAGNOSTIC FORM

Jefferson County Plant Diagnostic Clinic 15200 W. 6th Ave., Unit C Golden, CO 80401
(303) 271-6620 plantclinic@jeffco.edu

What do you need today? Select service below:

Make checks payable to:
Jefferson County Treasurer

DIAGNOSIS - \$7/\$10 (name of plant): _____

INSECT ID - \$7/\$10 **PLANT ID - \$7/\$10** **BUSINESS - \$15** **SPECIALIZED LAB TEST - \$20/\$35**

Full name _____ Phone _____

Address _____ Business Name _____

City _____ County _____ Zip _____ email _____

Sample Address _____ City _____ County _____ Zip _____

How would you like the results? Check one: **PHONE** **MAIL** **EMAIL**

The following is strictly voluntary and will help us to better serve the diverse audiences of Jefferson County:

Male Female
 White, Caucasian Black, African American Am Indian/Alaskan
 Asian/Pacific Islander Mixed race/Other ethnicity Spanish Origin

AMOUNT DUE: \$ _____
PAID: Cash Check
 Card Bill

FOR LAB USE ONLY

1) Received by _____ Date _____ Emails received Photos saved in "Pictures Folder"

2) Sample condition _____

3) Summary of signs, symptoms, observations _____

4) Tests to be done? _____

5) Sent to outside lab? _____ Date sent _____ Sent to _____

5) Diagnosis _____

6) Control measures needed _____

7) Fact Sheets _____

Diagnosis completed by: _____ # of public contacts: _____ Date completed: _____