

## Wood Decay Diagnostic - Sample Submission Form

Date: \_\_\_\_\_ Sample Name / ID \_\_\_\_\_

Name/Affiliation: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Location of Tree (township, county and State, GPS, more information is better than less)

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Tree Species: \_\_\_\_\_

Reason for Sending Sample: \_\_\_\_\_

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Was there a failure? \_\_\_\_\_ When? \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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