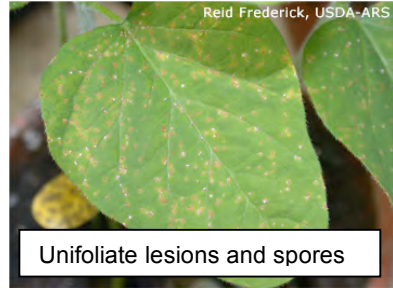
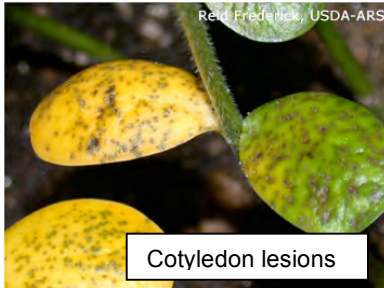
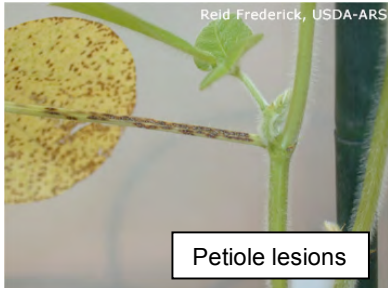




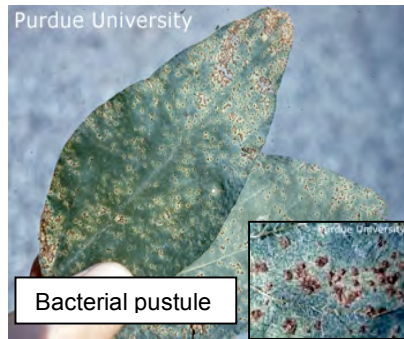
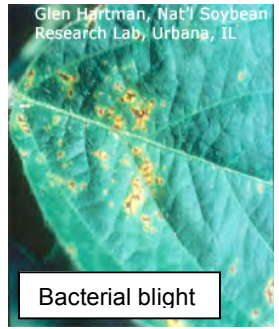
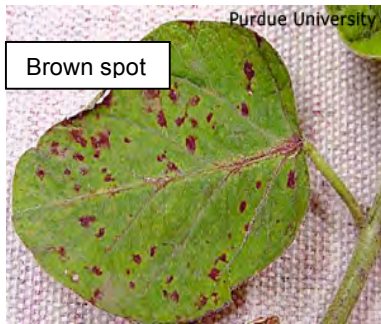
**Symptoms of Soybean Rust**



**Soybean Rust Spores Magnified through a hand lens**



**Other Soybean Diseases with Look-alike Symptoms**



**Additional information on soybean rust:**  
[APSnet Feature Story: Soybean Rust: Is the U.S. Soybean Crop At Risk?](#)  
[APHIS Plant Protection and Quarantine Intranet Site on Soybean Rust](#)



For P&PDL Use Only: Intake Number: _____ Date Received: _____ Forwarded to APHIS: Yes/No Date Sent: _____
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## Plant & Pest Diagnostic Laboratory Soybean Rust Submission Form

Please use a separate form for each sample.

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

Submitter: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Grower (if different than submitter): \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

County where sample was collected: \_\_\_\_\_

Description of the location where sample was collected: \_\_\_\_\_

GPS coordinates of field where sample was collected, if available: \_\_\_\_\_

Host Plant: \_\_\_\_\_

Send report to: \_\_\_\_\_ Submitter \_\_\_\_\_ Grower

**Submit the sample to:**

Plant & Pest Diagnostic Lab  
 Purdue University  
 915 West State Street  
 West Lafayette IN 47907-2054