

# Plant Disease Form



Extension Service

**Office use:**

Date Rec'd \_\_\_\_\_

Sample # \_\_\_\_\_

DDDI # \_\_\_\_\_

Accurate and complete diagnoses depend on submission of an appropriate specimen with thorough background information. Complete this form and submit with the sample. Refer to the back of this form for sampling and mailing instructions. Incomplete information or a poor sample may lead to an inaccurate diagnosis.

**PLEASE PRINT**

**Grower** \_\_\_\_\_ **Address** \_\_\_\_\_

Street Address

County \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Grower is**  Extension agent  Farmer  Nursery/Garden Center  Home gardener  Lawn/Tree Care Co.  Golf Course  
 Greenhouse  Private Consultant  Dealer Distributor  Other

**Submitter** \_\_\_\_\_ **Address** \_\_\_\_\_

Street Address

County \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Submitter is**  Extension agent  Farmer  Nursery/Garden Center  Home gardener  Lawn/Tree Care Co.  Golf Course  
 Greenhouse  Private Consultant  Dealer Distributor  Other

Send **Bill to:**  Submitter  Grower    Send **Reply to:**  Submitter  Grower    Send **Reply Via:**  Mail  Fax  E-mail

**Account # / PO:** \_\_\_\_\_

**Plant** \_\_\_\_\_ **Variety** \_\_\_\_\_ **Date planted** \_\_\_\_\_

**Sample came from:**  Yard/landscape  Field/Farm  
 Orchard  Nursery  Greenhouse  Vegetable garden  
 Christmas tree farm  Golf course/sod farm  Lawn  
 Other

**Exposure:**  full sun  partial shade  full shade  
 windy  protected

**Irrigation type and frequency:** \_\_\_\_\_

**Chemicals applied, including fertilizers (rates):** \_\_\_\_\_

**What is your concern? (Please include symptoms, and plant part affected).**  
\_\_\_\_\_  
\_\_\_\_\_

**If you have consulted other labs, what was concluded?** \_\_\_\_\_

**Tentative Diagnosis:** \_\_\_\_\_

**I agree to pay a minimum of \$45.00 for this service; fees may be greater depending on the tests performed.**

(Signature is required before sample can be processed)

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Submission Date** \_\_\_\_\_

**Soil Characteristics:**  sandy  clay  loam  organic

hard pan

**Date damage first noticed:** \_\_\_\_\_

**Number of years at present site:** \_\_\_\_\_

**Acreage:** \_\_\_\_\_ **% Affected:** \_\_\_\_\_

**Number of plants affected (for potted plants)** \_\_\_\_\_

**Distribution of affected plants:**  single plant  grouped

scattered  edge of field

**Previous crops:** \_\_\_\_\_