

Sample Plant Diagnostic Submission Form

Name _____ Date: _____
 Address: _____ Phone/Fax: _____
 E-mail: _____

homeowner grower landscaper/arborist other

SAMPLE FOR:

- Insect Identification
 Disease Diagnosis
 Weed Identification
 Cultural Information: General Pruning Fertilizing
 Other _____

PLANT/CROP NAME: _____
(scientific or common name)
(cultivar or variety)

FOR PLANT DISEASES: Description of problem:

Symptoms:

- wilting leaf spot yellowing
 blight streak leaf drop
 galls mosaic marginal burn
 rot other: _____

Plant Part(s) Affected:

- stems flowers
 roots fruit
 leaves entire plant

Distribution of Problem:

- entire planting edge of planting
 random low areas
 wet areas high areas
 dry areas sunny areas
 shaded areas _____

Nature of Planting:

- field nursery
 yard orchard
 forest greenhouse
 indoors _____

Soil Type:

- sandy
 loamy
 potting mix

Drainage:

- clay
 mulch
 good
 fair
 poor

Watering:

- never
 daily- morning
 daily- evening

Chemicals and Fertilizers:

- none applied
 rate and date(s) applied: _____

Make additional copies of this form and send with submission to diagnostic clinic listed in the General Information Section of the New England Small Fruit Pest Management Guide or contact appropriate clinic for a copy of their form(s) and fee information.