Plant Diagnostic Submission Form (3 Steps)
FILL IN ALL 3 STEPS and SUBMIT ORGINAL COPY WITH SPECIMEN

STEP 1: YOUR CONTACT INFORMATION - Please Print Clearly

Today’s Date:
Name: ________________________ Company: ________________________
Address: ________________________ City/Zip: ________________________
County: ________________________ Office Ph: ________________________
Email: ________________________ Cell Ph: ________________________
Fax: ________________________

TYPE OF CLIENT:
Arborist | Farmer | Nursery | Lawn care/Landscaper | Home Owner | Municipality | Pest Control Operator
Other: ____________________________________________________________

In addition to submitter send results to:
Name: ________________________ Company: ________________________
Address: ________________________ City/Zip: ________________________
County: ________________________ Phone(s): ________________________
Cell: ________________________ Fax: ________________________
Email: ________________________

STEP 2: GENERAL HOST PLANT & SYMPTOM INFORMATION - Please Print Clearly

Host Plant: ________________________ Cultivar: ________________________
Location: ________________________

General Plant Appearance: □ wilted □ spotted □ yellowed □ abnormal growth □ stunted □ mosaic
□ other:

Part(s) of Plant Affected and Symptom(s) Expressed

□ Roots
  □ apparently normal
  □ poor growth
  □ discolored
  □ rotted
  □ stubby
  □ galls/swelling
  □ other

□ Trunk
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Stem
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Branch
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Leaves
  □ spotted
  □ blighted
  □ yellowed
  □ mosaic
  □ rotted
  □ galls/swelling
  □ wilted
  □ other

□ Flowers
  □ spotted
  □ blighted
  □ discolored
  □ mosaic
  □ rotted
  □ distorted
  □ other

□ Fruit
  □ spotted
  □ blighted
  □ discolored
  □ mosaic
  □ rotted
  □ distorted
  □ other

□ Other:

STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM - Please Print Clearly

Type of Planting:  Field | Interior | Garden | Grove/Orchard | Landscape | Nursery | Greenhouse | Shadehouse
Other: ____________________________________________________________

Symptom(s) Prevalence: □ Entire Planting □ Localized Area □ Scattered Area

Symptom(s) Appeared (In Past): □ Days _____ □ Weeks _____ □ Months _____

Recently Applied Chemicals: Fertilizer: ________________________
Pesticide: ________________________________________________________

Additional Information: ________________________________________________________________________________________
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<th>Date Completed</th>
<th>Initials</th>
<th>Remarks</th>
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Isolates Stored:

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Diagnosis/Remarks: