

**\$40.00**  
**PER SAMPLE**  
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 University of Florida - FEPDC

# Plant Diagnostic Submission Form (3 Steps)

FILL IN ALL 3 STEPS and SUBMIT ORIGINAL 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

| <input type="checkbox"/> Roots             | <input type="checkbox"/> Trunk            | <input type="checkbox"/> Stem             | <input type="checkbox"/> Branch           | <input type="checkbox"/> Leaves         | <input type="checkbox"/> Flowers    | <input type="checkbox"/> Fruit      |
|--|---|---|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> apparently normal | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> spotted        | <input type="checkbox"/> spotted    | <input type="checkbox"/> spotted    |
| <input type="checkbox"/> poor growth       | <input type="checkbox"/> cankers          | <input type="checkbox"/> cankers          | <input type="checkbox"/> cankers          | <input type="checkbox"/> blighted       | <input type="checkbox"/> blighted   | <input type="checkbox"/> blighted   |
| <input type="checkbox"/> discolored        | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> yellowed       | <input type="checkbox"/> discolored | <input type="checkbox"/> discolored |
| <input type="checkbox"/> rotted            | <input type="checkbox"/> dieback          | <input type="checkbox"/> dieback          | <input type="checkbox"/> dieback          | <input type="checkbox"/> mosaic         | <input type="checkbox"/> rotted     | <input type="checkbox"/> rotted     |
| <input type="checkbox"/> stubby            | <input type="checkbox"/> rotted           | <input type="checkbox"/> rotted           | <input type="checkbox"/> rotted           | <input type="checkbox"/> wilted         | <input type="checkbox"/> mosaic     | <input type="checkbox"/> mosaic     |
| <input type="checkbox"/> galls/swelling    | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> galls/swelling | <input type="checkbox"/> distorted  | <input type="checkbox"/> distorted  |
| <input type="checkbox"/> other             | or number                                 | or number                                 | or number                                 | <input type="checkbox"/> rotted         | <input type="checkbox"/> other      | <input type="checkbox"/> other      |
|  | <input type="checkbox"/> wilted           | <input type="checkbox"/> wilted           | <input type="checkbox"/> wilted           | <input type="checkbox"/> other          |                                     |                                     |
|  | <input type="checkbox"/> other            | <input type="checkbox"/> other            | <input type="checkbox"/> 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: \_\_\_\_\_

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

| To Do | Activity                   | Date Completed | Initials | Remarks |
|-------|----------------------------|----------------|----------|---------|
|       | Logged In                  |                |          |         |
|       | Photos Taken               |                |          |         |
|       | Entered into PClinic       |                |          |         |
|       | Photos uploaded to PClinic |                |          |         |

| To Do | Media                      | Date Completed | Initials | Remarks |
|-------|----------------------------|----------------|----------|---------|
|       | APDA (Fungi)               |                |          |         |
|       | NA (Bacteria)              |                |          |         |
|       | PARP (Pythium)             |                |          |         |
|       | PARPH (Phytophthora)       |                |          |         |
|       | Select Media (Laurel Wilt) |                |          |         |
|       | Humidity Chamber           |                |          |         |
|       | Insect Testing             |                |          |         |

| To Do | Test                     | Date Completed | Initials | Remarks |
|-------|--------------------------|----------------|----------|---------|
|       | Virus Immunostrip        |                |          |         |
|       | Ralstonia Immunostrip    |                |          |         |
|       | Phytophthora Immunostrip |                |          |         |
|       | Bacteria:                |                |          |         |
|       | HR                       |                |          |         |
|       | KOH Test                 |                |          |         |
|       | Anaerobic Growth         |                |          |         |
|       | MGY                      |                |          |         |
|       | YDC                      |                |          |         |

Isolates Stored:

| Isolate # | Date Stored |
|-----------|-------------|
|           |             |

Diagnosis/Remarks: