

**\$50.00**  
**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	<input type="checkbox"/> or number	<input type="checkbox"/> or number	<input type="checkbox"/> 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: