



## PLANT DISEASE INFORMATION OFFICE SAMPLE SUBMISSION FORM

Name: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

FOR OFFICE USE ONLY	
Sample Number	_____
Date Received	_____
Date Reported	_____
Diagnosis	_____
Diagnosed by	_____
Via	_____

Origin: Homeowner  Grower  Landscaper/Arborist  Other   
 Sample For: Disease Diagnosis  Plant Identification  Weed Identification

Plant: \_\_\_\_\_  
 Common and/or Scientific Name Cultivar or Variety

### DESCRIPTION OF PROBLEM

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Symptoms	Age of Plant or Planting	Distribution of Problem	Nature of Planting	Additional Information	
wilting <input type="checkbox"/>	1-6 months <input type="checkbox"/>	entire planting <input type="checkbox"/>	yard <input type="checkbox"/>	When did problem appear?	
blight <input type="checkbox"/>	6 months-1 year <input type="checkbox"/>	random <input type="checkbox"/>	field <input type="checkbox"/>		
leaf spot <input type="checkbox"/>	1-3 years <input type="checkbox"/>	edge of planting <input type="checkbox"/>	nursery <input type="checkbox"/>	Did problem occur gradually?	
galls <input type="checkbox"/>	3-5 years <input type="checkbox"/>	wet areas <input type="checkbox"/>	greenhouse <input type="checkbox"/>		
rot <input type="checkbox"/>	more than 5 years <input type="checkbox"/>	dry areas <input type="checkbox"/>	orchard <input type="checkbox"/>	Number of plants affected	
dieback <input type="checkbox"/>	<b>Affected Parts</b>	high areas <input type="checkbox"/>	forest <input type="checkbox"/>		
streak <input type="checkbox"/>	stems <input type="checkbox"/>	low areas <input type="checkbox"/>	indoor <input type="checkbox"/>	Irrigation type and frequency?	
yellowing <input type="checkbox"/>	leaves/needles <input type="checkbox"/>	sunny areas <input type="checkbox"/>	<b>Soil Type</b>		
marginal burn <input type="checkbox"/>	branches/twigs <input type="checkbox"/>	shaded areas <input type="checkbox"/>	sandy <input type="checkbox"/>		
mosaic <input type="checkbox"/>	fruits <input type="checkbox"/>	<b>Drainage</b>	clay <input type="checkbox"/>		
leaf drop <input type="checkbox"/>	roots/bulb <input type="checkbox"/>	good <input type="checkbox"/>	loamy <input type="checkbox"/>		
Other: _____	flowers <input type="checkbox"/>	fair <input type="checkbox"/>	potting mix <input type="checkbox"/>		
	entire plant <input type="checkbox"/>	poor <input type="checkbox"/>	mulch <input type="checkbox"/>		
<b>Use of Pesticides/Fertilizers (rate and date/s of application)</b>					
_____ _____ _____					

### NOTES

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