



**The Connecticut Agricultural Experiment Station**  
**Valley Laboratory Information and Diagnostic Office**  
 153 Cook Hill Road, P.O. Box 248  
 Windsor, CT 06095  
 Tel: 860-683-4977 x1

**Date:**

**Name:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**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

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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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