



### PLANT DISEASE INFORMATION OFFICE SAMPLE SUBMISSION FORM

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

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

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

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

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

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

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

FOR OFFICE USE ONLY	
<b>Sample Number</b>	_____
<b>Date Received</b>	_____
<b>Date Reported</b>	_____
<b>Diagnosis</b>	_____
<b>Diagnosed by</b>	_____
<b>Responded via</b>	_____

**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	
				When did problem appear?	
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"/>	Irrigation type and frequency?	
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"/>		

**Use of Pesticides/Fertilizers (rate and date/s of application)**

\_\_\_\_\_

\_\_\_\_\_

#### NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_