Plant Disease Diagnostic Clinic Sample Submission Form



Please mail samples and payment to: Plant Disease Diagnostic Clinic, 334 Plant Science Building, Ithaca, NY 14853 *In-state (out of state): basic \$30 (\$50); turf or nematode \$50 (\$70); or see full list of fees at: plantclinic.cornell.edu*

	O † o	‡ u ř		k "	(i.e. CCE Agent, Consu	ıltant, Arborist)
Home Owner	Commercial Grower					
Business name (if any):				Business:		
Person to contact:				- Agent:		
-				_		
Address: _				Address: _		
_				_		
Phone:						
				- Dhana.		
Fax:				Phone:		
Email:				Fax:		
County:				Email:		
Describe the nature a	and extent of the problem:			Collection date: _		
Scientific Name:		Con	nmon Name:			
Disease Symptoms:	Affected Parts:	Distribution	on on Site:	Planting:	Additional	Information:
wilting 🔲	stems 🔲	entire field 🔲	sunny 🔲	garden 🗌	Number of acres or	
yellowing	leaves/needles	field edge 🔲	shaded \square	nursery 🔲	plants affected?	
galls 🔲	branches/twigs	random 🔲	wet areas	orchard 🗌	Approx. date	
dieback 🔲	flowers fruit/soods	high areas	dry areas 🔲	green L	problem appeared?	
rot ∐ marginal burns ☐	fruit/seeds roots/bulb/rhizome	low areas by road/driv	windy ☐ e/building/pool ☐	fairway 🗌 yard 🗍	Did problem occur gradually?	
shedding/thinning		feet away:	e/building/pool	field	Getting worse or	
leaf spots	Distribution on Plant:	•	туре:	forest \square	staying the same?	
streak	top of plant	sandy 🔲	hydroponic	greenhouse	Approx. age of	
mosaic 🗌	bottom of plant	loamy 🔲	artificial mix	interior 🔲	plants?	
blight 🔲	current-season growth	clay 🔲		Drainage:	Date last	
er:	previous-season growth		ect:	good 🔲	transplanted?	
	one side of plant	north 🔲	east \square	fair 🗌	How often watered?	
scattered south west poor Chemicals/Fertilizers: give rate and date/s of application					Cropping History:	
	Chemicals/Fertilizers: give rate and date/s of application					ig mistory:
Date Received at the Diagnostic Clinic:					By Whom:	
					tive Date 01/06/15	version 1.1