Plant Diagnostic 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: _____________________________________

Phone(s): ____________________________ Cell: __________ Fax: __________

Email: ______________________________________

In addition to submitter send results to:

Name: ______________________________________

Company: ____________________________________

Address: _____________________________________

City/Zip: ____________________________________

County: _____________________________________

Phone(s): ____________________________ Cell: __________ Fax: __________

Email: ______________________________________

Circle one of the following: Commercial Grower Consultant Research Home Grower

STEP 2: GENERAL HOST PLANT & SYMPTOM INFORMATION - Please Print Clearly

Host Plant: ___________________________ Cultivar: ___________________________

General Plant Appearance: □ wilted □ spotted □ yellowed □ abnormal growth □ stunted □ mosaic □ other:

Part(s) of Plant Affected and Symptom(s) Expressed

□ Roots
  □ apparently normal
  □ poor growth
  □ discolored
  □ rotted
  □ stubby
  □ galls/swelling
  □ other

□ Trunk
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Stem
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Branch
  □ galls/swelling
  □ cankers
  □ discolored int.
  □ dieback
  □ rotted
  □ abnormal pattern or number
  □ wilted
  □ other

□ Leaves
  □ spotted
  □ blighted
  □ yellowed
  □ mosaic
  □ wilted
  □ galls/swelling
  □ rotted
  □ other

□ Flowers
  □ spotted
  □ blighted
  □ discolored
  □ mosaic
  □ wilted
  □ galls/swelling
  □ rotted
  □ other

□ Fruit
  □ spotted
  □ blighted
  □ discolored
  □ mosaic
  □ wilted
  □ galls/swelling
  □ rotted
  □ other

□ Other:

STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM - Please Print Clearly

Type of Planting: __ Field __ Interior __ Forest __ Garden __ Grove/Orchard __ Landscape __ Nursery __ Greenhouse

Symptom(s) Prevalence: __ Entire Planting __ Localized Area __ Scattered Area

Symptom(s) Appeared (In Past): □ Days ______ □ Weeks ______ □ Months ______

Recently Applied Chemicals: Fertilizer: __________________________________________

Pesticide: __________________________________________