

PLANT PROBLEM / DISEASE DIAGNOSIS AND CONTROL

Client _____
 OR Company name _____ Last _____ First _____ MI _____
 Address _____

 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ (FEE APPLIES)
 Email _____

Client type: Commercial ___ Residential ___

County _____ Account _____ Date collected _____
 Date submitted _____

Submitter _____ Email copy to _____

FEE (check all that apply)

Complete one form for each sample submitted.

1. ___ \$10.00: **Plant disease/plant problem diagnosis**
2. ___ \$20.00: **Out of state**
3. ___ \$1.00: **FAX fee** (include fax No.)

\$ _____ FEE Check No. _____

Make checks payable to Clemson University or as directed by county.

Mail report ___ (No email and not assisted by County Agent)

1. **Name of plant** _____ **cultivar or variety** _____
 2. **Suspected diagnosis and other comments** _____

3. **Planting date** _____ **OR age of plant** _____ 4. **Plant height** _____ 5. **Percentage of plants affected** ___
OR number of affected plants _____ 6. **Total acreage OR total number of plants** ___ 7. **Previous crop** _____
 8. **Date first noticed** _____ 9. **Problem development** ___ sudden ___ gradual
 10. **Is problem getting worse or staying the same?** _____
 11. **Degree of injury** ___ light ___ moderate ___ severe

<p>*12. Location of planting</p> <p>___ field ___ forest ___ greenhouse ___ landscape - commercial ___ landscape - home ___ nursery - retail ___ nursery - wholesale ___ orchard ___ pasture ___ vegetable/ herb garden</p> <p>___ other _____ _____ _____</p>	<p>13. Plant part(s) affected</p> <p>___ leaves/needles ___ twigs/branches ___ stems/stalk ___ flowers ___ fruit/pods/seeds ___ crown ___ trunk ___ roots ___ bulbs/rhizomes</p> <p>___ other _____ _____ _____</p>	<p>14. Symptoms</p> <p>___ browning/scorch ___ canker ___ dieback ___ defoliation ___ distortion ___ galls ___ insect damage ___ leaf spot ___ mottle/mosaic ___ poor growth ___ stunted ___ rot ___ wilt ___ yellowing ___ other _____ _____</p>	<p>15. Problem location on plant</p> <p>___ bottom of plant ___ top of plant ___ one side of plant ___ scattered on plant ___ entire plant or widespread</p> <p>16. Problem distribution on site</p> <p>___ single plant ___ scattered plants ___ groups of plants ___ every plant ___ other _____</p> <p>17. Exposure in problem area(s)</p> <p>___ shade ___ shadecloth ___ intermitent shade ___ morning sun ___ afternoon sun ___ full sun</p>
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<p>18. Weather conditions preceding development</p> <p>___ clear ___ cloudy/rainy ___ drought ___ adequate moisture ___ excess moisture</p> <p>Date/amount last rain _____ _____</p> <p>Temperature range _____</p>	<p>19. Irrigation type</p> <p>___ none ___ drip system ___ overhead system ___ hand / manual sprinkler</p> <p>Time and frequency of irrigation _____</p> <p>How long do you water each time? _____</p>	<p>20. Soil type</p> <p>___ sandy ___ loam ___ clay/clay loam ___ artificial mix</p> <p>21. Drainage</p> <p>good ___ moderate ___ poor ___</p> <p>22. Chemicals applied to or in vicinity of this crop</p> <p>_____ _____ _____</p>
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