

Revised 1/08

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 _____

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

***12. Location of planting**

- ___ field
- ___ forest
- ___ greenhouse
- ___ landscape - commercial
- ___ landscape - home
- ___ nursery - retail
- ___ nursery - wholesale
- ___ orchard
- ___ pasture
- ___ vegetable/ herb garden
- ___ other _____

13. Plant part(s) affected

- ___ leaves/needles
- ___ twigs/branches
- ___ stems/stalk
- ___ flowers
- ___ fruit/pods/seeds
- ___ crown
- ___ trunk
- ___ roots
- ___ bulbs/rhizomes
- ___ other _____

14. Symptoms

- ___ browning/scorch
- ___ canker
- ___ dieback
- ___ defoliation
- ___ distortion
- ___ galls
- ___ insect damage
- ___ leaf spot
- ___ mottle/mosaic
- ___ poor growth
- ___ stunted
- ___ rot
- ___ wilt
- ___ yellowing
- ___ other _____

15. Problem location on plant

- ___ bottom of plant
- ___ top of plant
- ___ one side of plant
- ___ scattered on plant
- ___ entire plant or widespread
- 16. Problem distribution on site**
- ___ single plant
- ___ scattered plants
- ___ groups of plants
- ___ every plant
- ___ other _____
- 17. Exposure in problem area(s)**
- ___ shade ___ shadecloth
- ___ intermitent shade
- ___ morning sun
- ___ afternoon sun
- ___ full sun

18. Weather conditions preceding development

- ___ clear
- ___ cloudy/rainy
- ___ drought
- ___ adequate moisture
- ___ excess moisture
- Date/amount last rain _____
- Temperature range _____

19. Irrigation type

- ___ none
- ___ drip system
- ___ overhead system
- ___ hand / manual sprinkler
- Time and frequency of irrigation _____
- How long do you water each time? _____

20. Soil type

- ___ sandy
- ___ loam
- ___ clay/clay loam
- ___ artificial mix

21. Drainage

- good ___
- moderate ___
- poor ___

22. Chemicals applied to or in vicinity of this crop

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)