



Plant Diagnostic
Sample Submission Form

Submit Samples w/ Form to DE County Extn Offices

UD Plant Diagnostic Clinic
151 Townsend Hall, Plant & Soil Sciences Dept.
531 S. College Avenue
Newark, DE 19716-2170
Ph: 302-831-1390 E-Mail: ngregory@udel.edu

OFFICE USE ONLINE
COUNTY ID#
UD Sample ID #
Date Received:
Diagnosis:

State/County: _____
Grower/Owner: _____
Address: _____

(GPS) _____
Phone: _____
E-mail: _____

Date: _____
Consultant/Agent: _____
Address: _____

Phone: _____
E-mail: _____

Please fill in form completely – missing information may delay response – Response will be in 7-14 days, depending on tests required. (Courier Service from County Offices to Campus on Tuesday Mornings)

*Plant Common Name * _____

Scientific Name _____ Cultivar _____

Planting date, age of plant, or size _____

Seed, cutting, or transplants? _____

Crop history last year _____

When did problem appear? _____ All at once or gradually? _____

Soil type _____ Good Drainage? _____

Circle or check all that apply:

Symptoms:	Plant Parts Affected:	Where on Plant:	Where in Location:
Leaf Spot	Leaves/Needles	Current Season's Growth	Single Plant
Wilting	Branches/Twigs	Previous Season's Growth	Entire Planting
Yellowing	Stem/Stalk/Trunk	Bottom of Plant	Scattered
Marginal Yellow/Brown	Flowers/Fruit	Top of Plant	Certain Varieties
Dieback	Seedling	One Side of Plant	Wet Areas
Stunting	Roots	Whole Plant	Dry Areas
Distortion, curling	Whole Plant	Scattered	Sunny Areas
			Shady Areas

Other _____

Insect(s) location or damage? _____

Watering/Irrigation practices? _____

Chemicals applied and when? _____

Has soil been checked for nematodes? Yes No Soil Test? Yes No

Comments: (Use back of form if needed)