

Submit Samples and Form to County Extn Offices or:

UD Plant Diagnostic Clinic

151 Townsend Hall

531 S. College Avenue

Newark, DE 19716

Ph: 302-831-1390 E-mail: jillp@udel.edu

Email sample photos to jillp@udel.edu

Office Use Only:

Sample ID #: _____

Date Received: _____

Plant Name: _____ **Scientific Name:** _____

Insect ID? **yes** **no**

Cultivar: _____ **Date collected:** _____

Location found: _____

Location Where Sample was Taken	Referring Agent (i.e. CCE Agent, Consultant, Arborist, etc.) **If different from grower
Grower's Name: _____ Business: _____ Address: _____ City/State/Zip: _____ County: _____ Phone: _____ Email: _____	Submitter's Name: _____ Business: _____ Address: _____ City/State/Zip: _____ County: _____ Phone: _____ Email: _____

Information about Submitter/Grower: Please check one each for submitter(S) and grower (G)	Send Reply To:																																				
<table style="width:100%; border: none;"> <tr> <td style="border: none;">Extension Agent</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Golf Course</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Lawn/Tree Care Co.</td> <td style="border: none;">S</td> <td style="border: none;">G</td> </tr> <tr> <td style="border: none;">Homeowner</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Consultant</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Garden Center</td> <td style="border: none;">S</td> <td style="border: none;">G</td> </tr> <tr> <td style="border: none;">Farmer</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Greenhouse</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Other: _____</td> <td style="border: none;">S</td> <td style="border: none;">G</td> </tr> <tr> <td style="border: none;">Dealer/Industry Rep</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td style="border: none;">Nursery</td> <td style="border: none;">S</td> <td style="border: none;">G</td> <td colspan="3" style="border: none;"></td> </tr> </table>	Extension Agent	S	G	Golf Course	S	G	Lawn/Tree Care Co.	S	G	Homeowner	S	G	Consultant	S	G	Garden Center	S	G	Farmer	S	G	Greenhouse	S	G	Other: _____	S	G	Dealer/Industry Rep	S	G	Nursery	S	G				Submitter Grower
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Date Planted: _____ **Size of Planting:** _____ **% Of Plants affected:** _____ **% of Single Plant affected:** _____

Disease Symptoms:	Affected Parts:	Distribution on Site:	Additional Information:												
Blight Distortion/Curling Dieback Galls Marginal Burns Mosaic Leaf Spots Rot Shedding/Thinning Streak/Stain Wilting Yellowing Other: _____	Stems/stalk/trunk Leaves/needles Branches/twigs Flowers/fruit Roots/bulb Crown Whole Plant Seedling	Entire field Field edge Random High areas Low areas By road/drive/building/pool Other: _____	<table style="width:100%; border: none;"> <tr> <td style="border: none;"># of acres of plants affected?</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Approx. date problem appeared?</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Gradual or all at once?</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Approx. age of plants?</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">How often watered?</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Getting worse or staying the same?</td> <td style="border: none;"></td> </tr> </table>	# of acres of plants affected?		Approx. date problem appeared?		Gradual or all at once?		Approx. age of plants?		How often watered?		Getting worse or staying the same?	
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Additional Comments (Please describe the problem in your own words):

Chemicals and/or pesticides applied, **including method, rate, and date:**

Growth Regulator _____	None	Unknown
Fertilizer _____	None	Unknown
Fungicide _____	None	Unknown
Insecticide _____	None	Unknown
Herbicide _____	None	Unknown
Herbicide previous year _____	None	Unknown
Nematicide _____	None	Unknown
Nematicide previous year _____	None	Unknown
Other: _____	None	Unknown

Insect(s) location, numbers, damage?

Has the soil been checked for nematodes? No Yes

DO NOT WRITE BELOW THIS LINE

Test(s) Performed:

Bacterial Streaming	Staining	Lateral Flow Device:
Nematode Assay	Soil Analysis	Culture
Visual Exam	Tissue Analysis	Molecular ID:
Microscopic Exam	Gram stain, KOH	Other:
Moist Chamber Incubation	Isolation	

DIAGNOSIS AND CONTROL

Date of Response: _____

Diagnosis:

Control Information: