



**Plant Diagnostic
Sample Submission Form**

Submit Samples and Form to County Extn Offices or:
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: jillp@udel.edu

COUNTY ID# _____

UD Sample ID # _____
Date Received: _____
Diagnosis: _____

State/County: _____ Date: _____
Grower/Owner: _____ Consultant/Agent/MG: _____
Address: _____ Reply to Submitter _____ or Client _____
_____ Address: _____
_____ Phone: _____ Phone: _____
E-mail: _____ E-mail: _____

Please fill in form completely – missing information may delay response – Routine responses will be in 6-12 days, depending on tests required.

*Plant Common Name * _____

Scientific Name _____ Cultivar _____
Planting date, age of plant, or size _____ Seed, cutting, transplants? _____
When did problem appear? _____ All at once or gradually? _____
Soil type _____ Good Drainage? _____

Check all that apply:

Symptoms:	Plant Parts Affected:	Where on Plant:	Where on site:
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 Brown	Flowers/Fruit	Top of Plant	Certain Varieties
Dead areas	Seedling	One Side of Plant	Wet Areas
Stunting	Roots	Whole Plant	Dry Areas
Distortion, curling	Whole Plant	Scattered	Shaded areas

Other info: _____

Insect(s) location, numbers, or damage? _____

Watering/Irrigation practices? _____

Chemicals applied and when? _____

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