

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:			
Extension Agent	<input type="checkbox"/> S	<input type="checkbox"/> G	Golf Course	<input type="checkbox"/> S	<input type="checkbox"/> G	Lawn/Tree Care Co.	<input type="checkbox"/> S	<input type="checkbox"/> G	<input type="checkbox"/> Submitter <input type="checkbox"/> Grower
Homeowner	<input type="checkbox"/> S	<input type="checkbox"/> G	Consultant	<input type="checkbox"/> S	<input type="checkbox"/> G	Garden Center	<input type="checkbox"/> S	<input type="checkbox"/> G	
Farmer	<input type="checkbox"/> S	<input type="checkbox"/> G	Greenhouse	<input type="checkbox"/> S	<input type="checkbox"/> G	Other: _____	<input type="checkbox"/> S	<input type="checkbox"/> G	
Dealer/Industry Rep	<input type="checkbox"/> S	<input type="checkbox"/> G	Nursery	<input type="checkbox"/> S	<input type="checkbox"/> G				

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: _____	Sunny Shaded Wet areas Dry areas Windy	# of acres of plants affected?			
				Approx. date problem appeared?			
		Distribution on Plant:		Soil Type:		Drainage:	
		Top of plant Bottom of plant Current-season growth Previous-season growth One side of plant Scattered	Sandy Hydroponic Loamy Artificial mix Clay	Good Fair Poor			
Irrigation:		Drip Overhead/hand none sprinkler				How often watered?	
						Getting worse or staying the same?	

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: