

Plant Pathology
Extension Plant Disease Clinic
 Bldg 78 Mowry Rd / PO Box 110830
 Gainesville, FL 32611-0830
 Carrie L. Harmon, Plant Pathologist
 pdc@ifas.ufl.edu
 Phone (352) 392-1795
 Fax (352) 392-3438



Clinic Staff Only:
 County: _____
 PDC #: _____
 Date: _____
 pmt: _____

Plant Disease Diagnosis Form (#2901)

Please Print- fill in ALL relevant data; maintain office copy; submit original copy with specimen. See reverse side for submission instructions.

Submitter Information:	Check all that apply:	Client Information:
Name or reference ID: _____	<input type="checkbox"/> <u>Commercial</u> <input type="checkbox"/>	_____
Company: _____	(grower, consultant, pest control)	_____
Address: _____	<input type="checkbox"/> <u>Homeowner</u> <input type="checkbox"/>	_____
City/Zip: _____		_____
Phone No. _____	<input type="checkbox"/> <u>UF Extension or</u> <input type="checkbox"/>	_____
Fax No.: _____	Research	_____
Email: _____		_____

Information requested: Problem ID Control Recommendations Specimen ID

Mail reply to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client	\$40 per sample, make check to University of Florida - FEPDC
Fax reply to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client	
Preferred contact method Email reply to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client	
Choose one: Bill to: <input type="checkbox"/> Submitter <input type="checkbox"/> Client <input type="checkbox"/> PAID -check enclosed	

County of Sample _____ Date Sample Taken: _____ Date Sent to Lab: _____

Plant and Site Information

Plant & Variety/Cultivar: _____

Planting Type: Field Interior Forest Garden Grove/Orchard Landscape Nursery Greenhouse Other:

Exposure: Full sun Partial shade Full shade Windy Protected Irrigation frequency _____

Recent construction activities: _____

Recently Applied Chemicals: Pesticide Fertilizer What/When applied: _____

Soil type: Sandy Clay Silt Loam Organic Soil pH _____ (acid/basic)

Size of planting: _____ % Plants Affected: _____ Date symptoms first noticed: _____

General Plant Appearance: wilted spotted yellowed abnormal growth stunted mosaic other:

Prevalence: Entire Planting Localized Area Scattered Area Degree of Damage: Heavy Medium Light

Describe the problem. Include symptoms, plant parts affected, pattern of occurrence, etc. Attach separate sheets if necessary.
