

PLANT DISEASE SAMPLE SUBMISSION FORM

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Office Use Only:
 Date received: _____
 Sample #: _____
 PDIS #: _____
 Account #: _____

Submitter's Name _____
 Business _____
 Address _____
 City/State/Zip _____
 County _____
 Phone _____
 Email _____
 Fax _____

Grower's Name _____
 Business _____
 Address _____
 City/State/Zip _____
 County _____
 Phone _____
 Email _____
 Fax _____

Information about Submitter/Grower: Please check one each for submitter (S) and grower (G)			SEND REPLY TO: <input type="checkbox"/> Submitter <input type="checkbox"/> Grower By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Extension Educator <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	
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		

Plant: _____ **Cultivar:** _____ **Date sample collected:** _____

Plant location: <input type="checkbox"/> Yard/Landscape <input type="checkbox"/> Field/Farm <input type="checkbox"/> Lawn <input type="checkbox"/> Greenhouse <input type="checkbox"/> Golf Course <input type="checkbox"/> Nursery <input type="checkbox"/> Vegetable garden <input type="checkbox"/> Orchard <input type="checkbox"/> Other _____	Date planted: _____ Size of planting: _____ % of plants affected: _____	Distribution of Affected Plants: <input type="checkbox"/> Single plant <input type="checkbox"/> Scattered <input type="checkbox"/> Grouped
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Approximate age: _____ Number of years at present site: _____ Date first noticed problem: _____
 Exposure: Full sun Partial shade Full shade Windy Protected
 Root disturbance from: sidewalks/driveway construction activities (describe): _____
 Irrigation frequency and type: _____
 Tillage practices: _____ Previous crop: _____
 Chemicals/fertilizers applied (past 2 years; include rates): _____

Soil type: sandy clay silt loam organic Soil pH: _____
 Drainage: tends to be dry moist, but drains well water collects

DESCRIBE THE PROBLEM (Include symptoms, plant parts affected, etc. Attach separate sheet if necessary):

Your tentative diagnosis: _____