

UMD Plant Diagnostic Laboratory

Email: plantlab@umd.edu Phone: (301) 405-0730 Fax (301) 314-9290 https://go.umd/edu/plantlab Mail samples to: 4291 Fieldhouse Drive 4112 Plant Sciences Building College Park, MD 20742-4454

PLANT SAMPLE SUBMISSION FORM

Submitter			Grower/Client	
Business			Business	
Address			Address	
City/State/Zip			City/State/Zip	
Phone			Phone	
Email			Email	
Select One: ☐ Extension ☐ Consultant ☐ Lawn/Tree Care			Select One: ☐ Extension ☐ Consultant ☐ Lawn/Tree Care	
☐ Garden center ☐ Greenhouse ☐ Farmer ☐ Nursery ☐ Golf course ☐ Other			☐ Garden center ☐ Greenhouse ☐ Farmer ☐ Nursery ☐ Golf course ☐ Other	
	 o: □ Submitter □ Grower/clie	ent	_ 0011 000130 _ 0	
SAMPLE INFORMATIO				
	Plant			Cultivar
-				
Symptoms:	Plant location:	Exposure: ☐ Full sun ☐ Full shade ☐ Partial shade		Plant history:
☐ Scorch/browning	☐ Yard/landscape ☐ Lawn			Approx. age
☐ Yellowing				# of years at site
☐ Leaf spot	☐ Vegetable garden		ndy □ Protected	Size of planting
☐ Leaf drop	☐ Greenhouse		sidewalk/driveway	☐ acres ☐ sq.ft. ☐ #of plants
☐ Dieback	□ Nursery		nstruction nearby	
□ Wilt	☐ Orchard/vineyard	⊔ Otl	ner	% of plants affected
☐ Stunting	☐ Field/farm	Soil c	onditions:	Irrigation:
☐ Abnormal growth	☐ Golf course	Soil p	H	Type
□ Rot	☐ Other	Soil type:	Frequency	
☐ Mottle/mosaic	Problem distribution:	☐ Sar	ndy □ Clay □ Silt	Chemicals/fertilizers applied in
☐ Canker	☐ Single plant	□ Loa	am 🗆 Organic	last 2 years (include rates):
☐ Galls/swelling	☐ Scattered		ner	idst 2 years (include rates).
☐ Other	☐ Grouped	Drain		
Date first noticed	☐ Uniform		nds to be dry	
problem	☐ Low/wet area		oist/drains well	
Symptoms occurred:	☐ High/dry area		iter collects	
\square suddenly \square gradually	☐ Other		iter concets	
Plant parts affected:	ts affected: Describe the problem (use back of form if necessary):			
□ Roots	Send photos to plantlab@umd.edu			
☐ Crown		_		
☐ Stem/stalk				
☐ Trunk				
☐ Twigs/branches				
☐ Leaves/needles				
☐ Buds/flowers				
☐ Fruit/seed	Va tantati 1:	<i>(:4</i>)		
☐ Other	Your tentative diagnosis	(if any)		
FOR OFFICE USE ONLY				O Rec O Comp O Upd O Rep O Inv
Date received	Material		Sample ID	
UMD-PDL-Form-012-001	Approved by: Ana C. F	ulladolsa	Effective	date: 01/05/2025 Version 1.1