

PLANT SAMPLE SUBMISSION FORM

Submitter _____
Business _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Grower/Client _____
Business _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Select One: Extension Consultant Lawn/Tree Care
 Garden center Greenhouse Farmer Nursery
 Golf course Other _____

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* Send diagnostic report to: Submitter Grower/client

SAMPLE INFORMATION

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

Symptoms:
 Scorch/browning
 Yellowing
 Leaf spot
 Leaf drop
 Dieback
 Wilt
 Stunting
 Abnormal growth
 Rot
 Mottle/mosaic
 Canker
 Galls/swelling
 Other _____

Plant location:
 Yard/landscape
 Lawn
 Vegetable garden
 Greenhouse
 Nursery
 Orchard/vineyard
 Field/farm
 Golf course
 Other _____

Problem distribution:
 Single plant
 Scattered
 Grouped
 Uniform
 Low/wet area
 High/dry area
 Other _____

Exposure:
 Full sun Full shade
 Partial shade
 Windy Protected
 By sidewalk/driveway
 Construction nearby
 Other _____

Soil conditions:
Soil pH _____
Soil type:
 Sandy Clay Silt
 Loam Organic
 Other _____

Drainage:
 Tends to be dry
 Moist/drains well
 Water collects

Plant history:
Approx. age _____
of years at site _____
Size of planting _____
 acres sq.ft. #of plants
% of plants affected _____

Irrigation:
Type _____
Frequency _____

Chemicals/fertilizers applied in last 2 years (include rates):

Date first noticed problem _____
Symptoms occurred:
 suddenly gradually

Plant parts affected:
 Roots
 Crown
 Stem/stalk
 Trunk
 Twigs/branches
 Leaves/needles
 Buds/flowers
 Fruit/seed
 Other _____

Describe the problem (use back of form if necessary):
Send photos to plantlab@umd.edu

Your tentative diagnosis (if any) _____