

**\$40.00**  
**PER SAMPLE**  
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 University of Florida - FEPDC

# Plant Diagnostic Submission Form (3 Steps)

FILL IN ALL 3 STEPS and SUBMIT ORIGINAL COPY WITH SPECIMEN

## STEP 1: YOUR CONTACT INFORMATION - Please Print Clearly

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Office Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

### TYPE OF CLIENT:

Arborist | Farmer | Nursery | Lawn care/Landscaper | Home Owner | Municipality | Pest Control Operator  
 Other: \_\_\_\_\_

In addition to submitter send results to:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## STEP 2: GENERAL HOST PLANT & SYMPTOM INFORMATION - Please Print Clearly

Host Plant: \_\_\_\_\_ Cultivar: \_\_\_\_\_

Location: \_\_\_\_\_

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

### Part(s) of Plant Affected and Symptom(s) Expressed

<input type="checkbox"/> Roots	<input type="checkbox"/> Trunk	<input type="checkbox"/> Stem	<input type="checkbox"/> Branch	<input type="checkbox"/> Leaves	<input type="checkbox"/> Flowers	<input type="checkbox"/> Fruit
<input type="checkbox"/> apparently normal	<input type="checkbox"/> galls/swelling	<input type="checkbox"/> galls/swelling	<input type="checkbox"/> galls/swelling	<input type="checkbox"/> spotted	<input type="checkbox"/> spotted	<input type="checkbox"/> spotted
<input type="checkbox"/> poor growth	<input type="checkbox"/> cankers	<input type="checkbox"/> cankers	<input type="checkbox"/> cankers	<input type="checkbox"/> blighted	<input type="checkbox"/> blighted	<input type="checkbox"/> blighted
<input type="checkbox"/> discolored	<input type="checkbox"/> discolored int.	<input type="checkbox"/> discolored int.	<input type="checkbox"/> discolored int.	<input type="checkbox"/> yellowed	<input type="checkbox"/> discolored	<input type="checkbox"/> discolored
<input type="checkbox"/> rotted	<input type="checkbox"/> dieback	<input type="checkbox"/> dieback	<input type="checkbox"/> dieback	<input type="checkbox"/> mosaic	<input type="checkbox"/> rotted	<input type="checkbox"/> rotted
<input type="checkbox"/> stubby	<input type="checkbox"/> rotted	<input type="checkbox"/> rotted	<input type="checkbox"/> rotted	<input type="checkbox"/> wilted	<input type="checkbox"/> mosaic	<input type="checkbox"/> mosaic
<input type="checkbox"/> galls/swelling	<input type="checkbox"/> abnormal pattern	<input type="checkbox"/> abnormal pattern	<input type="checkbox"/> abnormal pattern	<input type="checkbox"/> galls/swelling	<input type="checkbox"/> distorted	<input type="checkbox"/> distorted
<input type="checkbox"/> other	or number	or number	or number	<input type="checkbox"/> rotted	<input type="checkbox"/> other	<input type="checkbox"/> other
	<input type="checkbox"/> wilted	<input type="checkbox"/> wilted	<input type="checkbox"/> wilted	<input type="checkbox"/> other		
	<input type="checkbox"/> other	<input type="checkbox"/> other	<input type="checkbox"/> other			

Other: \_\_\_\_\_

## STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM - Please Print Clearly

Type of Planting: Field | Interior | Garden | Grove/Orchard | Landscape | Nursery | Greenhouse | Shadehouse  
 Other: \_\_\_\_\_

Symptom(s) Prevalence:  Entire Planting  Localized Area  Scattered Area

Symptom(s) Appeared (In Past):  Days \_\_\_\_\_  Weeks \_\_\_\_\_  Months \_\_\_\_\_

Recently Applied Chemicals: Fertilizer: \_\_\_\_\_  
 Pesticide: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Sample #: \_\_\_\_\_

To Do	Media	Date completed	Initials	Remarks (i.e. tissue type, etc.)
	<b>Logged in</b>			
	<b>APDA</b> (fungi)			
	<b>NA</b> (bacteria)			
	<b>PARP</b> (Pythium)			
	<b>PARPH</b> (Phytophthora)			
	<b>Select Media</b> (Laurel Wilt)			
	<b>Humidity Chamber</b>			
	<b>Insect testing</b>			
	<b>Entered into PCLINIC</b>			
	<b>Photos taken</b>			
	<b>Photos uploaded to PCLINIC</b>			
	<b>Scanned/Uploaded to DropBox</b>			

To Do	Test	Date completed	Initials	Remarks
	<b>Virus:</b> <b>immunostrip</b>			
	<b>Bacteria:</b>			
	<b>HR</b>			
	<b>KOH test</b>			
	<b>Anaerobic growth</b>			
	<b>MGY</b>			
	<b>YDC</b>			

Isolates stored:

Isolate #	Date stored

Diagnosis/Remarks: