

Plant Disease Diagnostic Clinic Sample Submission Form



Cornell University

Please mail samples and payment to: Plant Disease Diagnostic Clinic, 334 Plant Science Building, Ithaca, NY 14853

In-state (out of state): basic \$35 (\$50); turf or nematode \$50 (\$75); or see full list of fees at: plantclinic.cornell.edu

O ‡ o ‡ u ~	k .. (i.e. CCE Agent, Consultant, Arborist...)
Home Owner Commercial Grower	
Business name (if any): _____	Business: _____
Person to contact: _____	Agent: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
County: _____	

Describe the nature and extent of the problem:

Collection date: _____

Scientific Name: _____ **Common Name:** _____

Disease Symptoms:	Affected Parts:	Distribution on Site:	Planting:	Additional Information:
wilting <input type="checkbox"/>	stems <input type="checkbox"/>	entire field <input type="checkbox"/> sunny <input type="checkbox"/>	garden <input type="checkbox"/>	Number of acres or plants affected?
yellowing <input type="checkbox"/>	leaves/needles <input type="checkbox"/>	field edge <input type="checkbox"/> shaded <input type="checkbox"/>	nursery <input type="checkbox"/>	
galls <input type="checkbox"/>	branches/twigs <input type="checkbox"/>	random <input type="checkbox"/> wet areas <input type="checkbox"/>	orchard <input type="checkbox"/>	Approx. date problem appeared?
dieback <input type="checkbox"/>	flowers <input type="checkbox"/>	high areas <input type="checkbox"/> dry areas <input type="checkbox"/>	green <input type="checkbox"/>	Did problem occur gradually?
rot <input type="checkbox"/>	fruit/seeds <input type="checkbox"/>	low areas <input type="checkbox"/> windy <input type="checkbox"/>	fairway <input type="checkbox"/>	
marginal burns <input type="checkbox"/>	roots/bulb/rhizome <input type="checkbox"/>	by road/drive/building/pool <input type="checkbox"/>	yard <input type="checkbox"/>	Getting worse or staying the same?
shedding/thinning <input type="checkbox"/>	crown <input type="checkbox"/>	feet away:	field <input type="checkbox"/>	Approx. age of plants?
leaf spots <input type="checkbox"/>	Distribution on Plant:	Media Type:	forest <input type="checkbox"/>	
streak <input type="checkbox"/>	top of plant <input type="checkbox"/>	sandy <input type="checkbox"/> hydroponic <input type="checkbox"/>	greenhouse <input type="checkbox"/>	Date last transplanted?
mosaic <input type="checkbox"/>	bottom of plant <input type="checkbox"/>	loamy <input type="checkbox"/> artificial mix <input type="checkbox"/>	interior <input type="checkbox"/>	
blight <input type="checkbox"/>	current-season growth <input type="checkbox"/>	clay <input type="checkbox"/>	Drainage:	How often watered?
other: _____	previous-season growth <input type="checkbox"/>	Irrigation	good <input type="checkbox"/>	
	one side of plant <input type="checkbox"/>	drip <input type="checkbox"/> overhead/hand <input type="checkbox"/>	fair <input type="checkbox"/>	
	scattered <input type="checkbox"/>	none <input type="checkbox"/> sprinkler <input type="checkbox"/>	poor <input type="checkbox"/>	
Chemicals/Fertilizers: <i>give rate and date/s of application</i>				Cropping History:

Date Received at the Diagnostic Clinic: _____ By Whom: _____