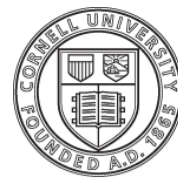


# Plant Disease Diagnostic Clinic Sample Submission Form



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](http://plantclinic.cornell.edu)*

Home Owner Commercial Grower	Agent (i.e. CCE Agent, Consultant, Arborist...)
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"/>	garden <input type="checkbox"/>	Number of acres or plants affected?	
yellowing <input type="checkbox"/>	leaves/needles <input type="checkbox"/>	field edge <input type="checkbox"/>	nursery <input type="checkbox"/>	Approx. date problem appeared?	
galls <input type="checkbox"/>	branches/twigs <input type="checkbox"/>	random <input type="checkbox"/>	orchard <input type="checkbox"/>	Did problem occur gradually?	
dieback <input type="checkbox"/>	flowers <input type="checkbox"/>	high areas <input type="checkbox"/>	green <input type="checkbox"/>	Getting worse or staying the same?	
rot <input type="checkbox"/>	fruit/seeds <input type="checkbox"/>	low areas <input type="checkbox"/>	fairway <input type="checkbox"/>	Approx. age of plants?	
marginal burns <input type="checkbox"/>	roots/bulb/rhizome <input type="checkbox"/>	by road/drive/building/pool <input type="checkbox"/>	yard <input type="checkbox"/>	Date last transplanted?	
shedding/thinning <input type="checkbox"/>	crown <input type="checkbox"/>	feet away: _____	field <input type="checkbox"/>	How often watered?	
leaf spots <input type="checkbox"/>	<b>Distribution on Plant:</b>		forest <input type="checkbox"/>		
streak <input type="checkbox"/>	top of plant <input type="checkbox"/>	<b>Media Type:</b>			
mosaic <input type="checkbox"/>	bottom of plant <input type="checkbox"/>	sandy <input type="checkbox"/>	greenhouse <input type="checkbox"/>		
blight <input type="checkbox"/>	current-season growth <input type="checkbox"/>	loamy <input type="checkbox"/>	interior <input type="checkbox"/>		
other: _____	previous-season growth <input type="checkbox"/>	clay <input type="checkbox"/>	<b>Drainage:</b>		
	one side of plant <input type="checkbox"/>	<b>Irrigation</b>		good <input type="checkbox"/>	
	scattered <input type="checkbox"/>	drip <input type="checkbox"/>	overhead/hand <input type="checkbox"/>	fair <input type="checkbox"/>	
		none <input type="checkbox"/>	sprinkler <input type="checkbox"/>	poor <input type="checkbox"/>	
<b>Chemicals/Fertilizers:</b> <i>give rate and date/s of application</i>				<b>Cropping History:</b>	

Date Received at the Diagnostic Clinic: \_\_\_\_\_

By Whom: \_\_\_\_\_