



Submit specimens and this form to: Plant Clinic, 106 Price Hall, Virginia Tech, Blacksburg, Virginia 24061-0331

Date Collected \_\_\_\_\_

Lab I.D. No. \_\_\_\_\_

**SEE [www.ppws.vt.edu/~clinic/submit\\_sample.php](http://www.ppws.vt.edu/~clinic/submit_sample.php) FOR INSTRUCTIONS ON HOW TO COLLECT SPECIMENS AND COMPLETE THE NUMBERED SECTIONS OF THIS FORM.**

1. Plant \_\_\_\_\_ Cultivar/Variety \_\_\_\_\_

2. Extension Agent \_\_\_\_\_ County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Grower \_\_\_\_\_ Grower email \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Briefly describe the symptoms and ask the specific question you want answered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you want a control recommendation for:

- Home lawn/garden     Commercial production     Lawn/landscape management     other

<i>Plant Part</i>	<i>General</i>	<i>Disease</i>	<i>Location</i>	
Affected	Appearance	Distribution		
<input type="checkbox"/> roots	<input type="checkbox"/> wilted	<input type="checkbox"/> general	<input type="checkbox"/> field/farm	<input type="checkbox"/> golf course
<input type="checkbox"/> crown	<input type="checkbox"/> yellowed	<input type="checkbox"/> scattered plants	<input type="checkbox"/> garden	<input type="checkbox"/> sod farm
<input type="checkbox"/> stem or branch	<input type="checkbox"/> stunted	<input type="checkbox"/> in spots or groups	<input type="checkbox"/> landscape	<input type="checkbox"/> Christmas tree farm
<input type="checkbox"/> leaves	<input type="checkbox"/> stained/streaked	<input type="checkbox"/> certain cultivar	<input type="checkbox"/> nursery	<input type="checkbox"/> vineyard
<input type="checkbox"/> flower	<input type="checkbox"/> leaf spot/blight	<input type="checkbox"/> in low areas	<input type="checkbox"/> greenhouse	<input type="checkbox"/> orchard
<input type="checkbox"/> fruit	<input type="checkbox"/> leaf mottle	<input type="checkbox"/> upland areas	<input type="checkbox"/> athletic field	<input type="checkbox"/> forest
<input type="checkbox"/> seeds	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> indoor plant

5. Size of total planting: Acres \_\_\_\_\_ or square feet \_\_\_\_\_ or number of plants \_\_\_\_\_

Percent of crop affected \_\_\_\_\_ or number of plants affected \_\_\_\_\_

Last year's crop 20 \_\_\_\_ Crop planned for next year 20 \_\_\_\_

Symptoms first noticed, date \_\_\_\_\_ Occurrence in previous years:  No     Yes     Unknown

6. Past weather conditions:  normal     rainy     dry     hot     cold     other

Have plants been irrigated?  yes     no    how much? \_\_\_\_\_

7. SOIL:

<i>Type</i>	<i>Terrain</i>	<i>Drainage</i>	<i>Soil-less</i>	<i>Mulch</i>
<input type="checkbox"/> sandy	<input type="checkbox"/> sloped	<input type="checkbox"/> good	<input type="checkbox"/> pinebark	<input type="checkbox"/> bark chips
<input type="checkbox"/> clay	<input type="checkbox"/> level	<input type="checkbox"/> moderate	<input type="checkbox"/> peat moss	<input type="checkbox"/> plastic
<input type="checkbox"/> loam	<input type="checkbox"/> low	<input type="checkbox"/> poor	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____
<input type="checkbox"/> no till	<input type="checkbox"/> conventional till	<input type="checkbox"/> minimal till		

[www.ext.vt.edu](http://www.ext.vt.edu)

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8. Nematode assay, date \_\_\_\_\_ Last soil test, date \_\_\_\_\_

Last lime application, date \_\_\_\_\_

9. Chemicals and/or pesticides applied, including method of application, rate and date:

Growth regulator \_\_\_\_\_  none  unknown

Fertilizer \_\_\_\_\_  none  unknown

Fungicide \_\_\_\_\_  none  unknown

Insecticide \_\_\_\_\_  none  unknown

Herbicide \_\_\_\_\_  none  unknown

Herbicide previous year \_\_\_\_\_  none  unknown

Nematicide \_\_\_\_\_  none  unknown

Nematicide previous year \_\_\_\_\_  none  unknown

10. WOODY PLANTS ONLY

**Fruit trees and grapes:** root stock \_\_\_\_\_  fruit bearing age  nonbearing age

**Trees, shrubs, fruit trees, and vines:** approximate age \_\_\_\_\_ height \_\_\_\_\_ stem diameter \_\_\_\_\_

**Canopy:**  few or no dead limbs  20-50% dead limbs  50% or more dead limbs

**Number of years in present site:**  less than 2  less than 4  less than 10  greater than 10

**Exposure:**  full sun  partial sun  full shade  windy  protected

**Condition of trunk:**

healthy  light damage  heavy damage Describe:

\_\_\_\_\_

**Root damage or soil disturbance from any of the following:** sidewalks, driveways, trenches, retaining walls, compaction, or other construction activities. Describe:

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

*DIAGNOSIS AND CONTROL*

Date of email response \_\_\_\_\_

Date received \_\_\_\_\_

Common Name: \_\_\_\_\_ Scientific Name: \_\_\_\_\_

fungus  bacterium  virus  nematode  abiotic  other

Comments:

\_\_\_\_\_

\_\_\_\_\_

For control information, see fact sheet \_\_\_\_\_ and/or

Va. Pest Management Guide \_\_\_\_\_ p. \_\_\_\_\_

Date \_\_\_\_\_ Extension Plant Pathologist \_\_\_\_\_