

PLANT PROBLEM SUBMISSION FORM



FOR LAB USE ONLY Mail Walk in
 Sample # _____ Date Rec. _____
 Cash Check # _____ Amt. _____ No Charge

FOR COUNTY OFFICE USE ONLY
 (check for Client
 appropriate charge) Educational

Submit specimens to: **Plant Diagnostic Lab, C. Beaty Horticulture and Environmental Center**
 2612 Lane Park Rd., Birmingham, AL 35223

The service charge for plant disease diagnosis is \$10-30. The exact charge depends upon the analyses needed for the diagnosis. For **homeowners**, the charge is usually \$10-15. Specific **molecular analyses** will be charged \$30 minimum after consultation with the client. **Out-of-state** samples will be charged double the in-state rate.

PLEASE COMPLETE ALL RELEVANT SECTIONS

Plant _____ Variety _____ Date Collected _____

Extension Agent _____ County _____ E-mail _____

Grower/Homeowner:

Last Name _____ First Name _____ Company _____

Mailing Address _____ County _____

E-mail _____ Phone (_____) _____ fax (_____) _____

Submitter: (Consultant, Landscape Company, Sales Representative)

Last Name _____ First Name _____ Company _____

Mailing Address _____ County _____

E-mail _____ Phone (_____) _____ FAX (_____) _____

Send Bill To: Submitter Extension/Educational Consultant Other If other, give name _____

Send response to: Grower/homeowner Submitter Extension Agent Other

Via: Mail FAX E-mail Phone

PLANT INFORMATION

<p>Plant Part Affected</p> <p><input type="checkbox"/> flower</p> <p><input type="checkbox"/> fruit</p> <p><input type="checkbox"/> limbs</p> <p><input type="checkbox"/> leaves</p> <p><input type="checkbox"/> roots</p> <p><input type="checkbox"/> stem or twig</p> <p><input type="checkbox"/> crown (stem area at soil line)</p> <p>Problem Severity</p> <p><input type="checkbox"/> light</p> <p><input type="checkbox"/> moderate</p> <p><input type="checkbox"/> severe</p>	<p>General Appearance</p> <p><input type="checkbox"/> abnormal growth</p> <p><input type="checkbox"/> leaf spot/blight</p> <p><input type="checkbox"/> leaf edge scorch</p> <p><input type="checkbox"/> stunted</p> <p><input type="checkbox"/> wilted</p> <p><input type="checkbox"/> yellowed</p> <p><input type="checkbox"/> cankers (stem lesions)</p> <p><input type="checkbox"/> rots</p> <p><input type="checkbox"/> dieback</p> <p><input type="checkbox"/> boring injury</p> <p><input type="checkbox"/> chewing injury</p> <p>other _____</p>	<p>Problem Distribution in Field</p> <p><input type="checkbox"/> entire planting</p> <p><input type="checkbox"/> in spots or localized areas</p> <p><input type="checkbox"/> scattered plants</p> <p><input type="checkbox"/> certain variety</p> <p><input type="checkbox"/> in low areas</p> <p><input type="checkbox"/> upland areas</p> <p>other _____</p>	<p>Type Planting</p> <p><input type="checkbox"/> commercial/business</p> <p><input type="checkbox"/> field</p> <p><input type="checkbox"/> forest</p> <p><input type="checkbox"/> garden</p> <p><input type="checkbox"/> golf course</p> <p><input type="checkbox"/> greenhouse</p> <p><input type="checkbox"/> landscape</p> <p><input type="checkbox"/> lawn</p> <p><input type="checkbox"/> nursery</p> <p><input type="checkbox"/> orchard</p> <p>other _____</p>
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FOR ORNAMENTALS ONLY

How long at this site? _____

Height of plant _____

How many plants affected? _____

How many plants (same type) not affected? _____

How watered? _____

Watered how frequently? _____

Type fertilizer applied _____

Fertilizer rate & schedule _____

Location: full sun full shade partial shade

Relation to nearest construction (feet) _____

Relation to roadside (feet) _____

Present maintenance program (sprays, mulch, etc.) _____

Planting date _____

Size of planting: acres _____ plants (no.) _____

Cropping history (if soybeans, include variety) _____ Seed treatments _____
 Recent weather conditions _____ When were symptoms first noticed? _____
 Were symptoms evident last season? _____

SOIL INFORMATION

Type	Terrain	Drainage	Last nematode analysis date: _____
_____ sandy	_____ sloped	_____ good	results: _____
_____ clay	_____ level	_____ moderate	Soil test date _____
_____ loam	_____ low	_____ poor	Soil test level of:
Potting mixture _____		pH _____	P _____ K _____

CHEMICALS APPLIED — DATES AND RATES USED DURING CURRENT GROWING SEASON

Fertilizer _____
 Lime _____
 Micronutrients _____
 Fungicide _____
 Insecticide _____
 Nematicide _____
 Herbicide, this crop _____
 Herbicide, previous crop _____

Briefly state the problem and ask specific questions _____

CLINIC USE ONLY - do not write below this line

Sample condition (check all that apply): Soil on foliage No roots No soil No foliage Inad. roots Inad. soil
 Inad. foliage Rotten Too dry Dead Mashed
 Form (check all that apply): Illegible Incomplete No contact information No agent name
 Referral: Entomology Chemical injury Weed ID Plant ID Nematode assay soil analysis Plant analysis
 Referral Date _____

#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
pH: _____	pH: _____	pH: _____	pH: _____	pH: _____
SS: _____	SS: _____	SS: _____	SS: _____	SS: _____

Isolations: Results
 Incubate: _____
 PDA: _____
 WA: _____
Rhizoctonia: _____
Pythium: _____
 GSM: _____
 Bacterial: KB, NA, SPA: _____
 Other: _____

ELISA: Results
Rhizoctonia: _____
Pythium: _____
Phytophthora: _____

Diagnosis: