

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 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 _____ E-mail _____

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: *Type* *Terrain* *Drainage* *Soil-less* *Mulch*

sandy sloped good pinebark bark chips

clay level moderate peat moss plastic

loam low poor other _____ other _____

no till conventional till minimal till

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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 _____