

County:
County Extension Agent:
County sample number: <i>(county use—optional)</i>

Lab use only:	Lab file no.:
	Date received:
	Diagnostician:
	Date completed:



Plant Disease Identification Form

Send plant sample with completed form to:

Plant Disease Diagnostic Laboratory
Ag Science Building North
Lexington, KY 40546-0091

OR Plant Disease Diagnostic Laboratory
P.O. Box 469
Princeton, KY 42445

Grower: _____ Plant name: _____

Address: _____ Variety: _____

City: _____ Zip: _____ Date collected: _____

Email: _____

Phone: _____

Commercial sample: Yes No

Parts diseased:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> buds | <input type="checkbox"/> fruit | <input type="checkbox"/> flowers |
| <input type="checkbox"/> leaves/needles | <input type="checkbox"/> roots | <input type="checkbox"/> stems |
| <input type="checkbox"/> trunk | <input type="checkbox"/> twigs/branches | |

Symptoms:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> burn or scorch | <input type="checkbox"/> galls or swellings | <input type="checkbox"/> stem rot |
| <input type="checkbox"/> canker | <input type="checkbox"/> mottling | <input type="checkbox"/> stunting |
| <input type="checkbox"/> dieback | <input type="checkbox"/> root rot | <input type="checkbox"/> wilt |
| <input type="checkbox"/> distortion | <input type="checkbox"/> shot hole | <input type="checkbox"/> yellowing |
| <input type="checkbox"/> fruit decay | <input type="checkbox"/> spot | |
| <input type="checkbox"/> other: _____ | | |

Location of plant:

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> field | <input type="checkbox"/> indoors | <input type="checkbox"/> orchard |
| <input type="checkbox"/> garden | <input type="checkbox"/> landscape | <input type="checkbox"/> outdoor floatbed |
| <input type="checkbox"/> greenhouse | <input type="checkbox"/> nursery | <input type="checkbox"/> plant bed |

Pattern of diseased plants:

- | | | |
|---|---|--|
| <input type="checkbox"/> single plant | <input type="checkbox"/> group(s) of plants | <input type="checkbox"/> entire planting |
| <input type="checkbox"/> scattered plants | <input type="checkbox"/> large area(s) | |

Is pattern associated with:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> cultivation patterns | <input type="checkbox"/> high, dry area | <input type="checkbox"/> shade |
| <input type="checkbox"/> field borders | <input type="checkbox"/> low, wet area | <input type="checkbox"/> slopes |

Percent of planting affected: _____

Date problem first noticed: _____

Planting date or age of plant: _____

Soil type: _____

Soil drainage: _____

Previous crop(s): _____

Tillage practices: _____

Recent weather and irrigation practices: _____

Unusual disturbances: lightning hail construction
 pruning injuries soil compaction flooding

Chemicals applied to this crop: *(include name, rate and date of application)*

Fertilizer: _____

Herbicides: _____

Fungicides: _____

Insecticides: _____

Additional information:

Please retain a copy of this form for your records.

An electronic diagnosis report will be sent to the local County Extension Office and to the client (if email address is provided).