

PLANT PROBLEM SUBMISSION FORM



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FOR LAB USE ONLY On-Site Mail Walk-in

Sample # _____ Date Rec. _____

Client Educational/No Charge Cash ____ Check # _____ Amt. _____

Submit specimens to: Plant Diagnostic Lab, C. Beaty Hanna Horticulture & 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 .

Contact Information

Submitter Contact Information:

Name _____ Company (if commercial) _____

Address _____ City _____

State/ZIP _____ Email _____ Phone (____) _____

Grower/Homeowner Contact Information (if different than submitter):

Name _____ Company (if commercial) _____

Address _____ City _____

State/ZIP _____ Email _____ Phone (____) _____

Send Bill to: Submitter Extension/Educational Consultant Other _____

Send Response to: Submitter Grower/homeowner Extension Agent Other _____ **Via:** Email Mail Phone

Plant Information

Plant _____ Cultivar/Variety _____ Date Collected _____

Plant Part Affected

- flower
- fruit
- limbs
- leaves
- roots
- stem or twig
- stem at soil line

General Appearance

- abnormal growth
- leaf spot/blight
- leaf edge scorch
- stunted
- wilted
- yellowed
- cankers (stem lesions)
- rot
- dieback
- boring injury
- chewing injury
- other _____

Problem Distribution in Field

- entire planting
- in spots or localized areas
- scattered plants
- certain variety
- in low areas
- upland areas
- other _____

Soil Type

- sandy
- clay
- loam
- soiless mix

Soil Drainage

- good
- moderate
- poor

Planting Type

- field
- forest
- garden
- golf course
- greenhouse
- landscape
- lawn
- nursery
- orchard

Date problem first noticed: _____

Location: full sun full shade partial shade

Problem developed: suddenly gradually

Watering Method: sprinklers hand drip none

How long at this site? _____ Planting date: _____

Watering Frequency: <3/week 3+/week variable or as needed

Height of plant: _____

Fertilizer rate & schedule: _____

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

Pesticides applied last 30 days: _____

Not affected (same type): _____

Plant Information (cont.)

Briefly state the problem and ask specific questions : _____

FOR LAB USE ONLY—do not write in this area

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

Referral:

- Entomology
- Chemical injury
- Weed ID
- Plant ID
- Nematode assay
- Tissue analysis

Referral Date

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

Isolations:

Results

Incubate: _____
APDA: _____
WA: _____
PARP(H): _____
Bacterial: _____
Other: _____
ELISA:
Phytophthora: _____
Virus: _____
Other: _____

Notes:

Diagnosis: