

# PLANT PROBLEM SUBMISSION FORM



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FOR LAB USE ONLY  Mail  Walk-in

Sample # \_\_\_\_\_ Date Rec. \_\_\_\_\_

Cash \_\_\_ Check # \_\_\_\_\_ Amt. \_\_\_\_\_ No Charge \_\_\_\_\_

FOR COUNTY OFFICE USE ONLY  
(Check for appropriate charge)

Client  
 Educational

**Submit specimens to: Plant Diagnostic Lab, Alabama Cooperative Extension System, 21541 Coast Gateway Blvd (County Rd 8), Gulf Shores, AL 36542**

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** charges are double the in-state rate.

**COMPLETE ALL RELEVANT SECTIONS.**

Plant \_\_\_\_\_ Variety \_\_\_\_\_ Date Collected \_\_\_\_\_

Extension Agent \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

**Grower/Homeowner:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ 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  Email  Phone

**Plant Information**

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

