

CITRUS SAMPLE SUBMISSION FORM



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Rec. _____

Plant Sample No. _____

Submit specimens to Plant Diagnostic Lab, ALFA Agricultural Services & Research Bldg., 961 S. Donahue Dr., Auburn University, AL 36849-5624

Citrus samples will be screened for federally regulated pathogens, including huanglongbing (HLB or citrus greening), Asian citrus psyllid (ACP), citrus canker (CC), citrus black spot (CBS), and sweet orange scab (SOS). Samples should consist of symptomatic leaves, fruit, and branches. All other diagnoses will be at the discretion of the AU Plant Diagnostic Lab staff.

Contact Information

To Be Filled By Extension Agent ONLY:

Extension Agent _____ County _____ Phone (____) _____

Email _____

Grower/Homeowner:

Last Name _____ First Name _____ County _____

Address _____ City, State, Zip _____

Email _____ Phone (____) _____ Fax (____) _____

Submitter: (Consultant, Landscape Company, Sales Representative)

Last Name _____ First Name _____ County _____

Address _____ City, State, Zip _____

E-mail _____ Phone (____) _____ Fax (____) _____

<input type="checkbox"/> Agricultural Consultant	<input type="checkbox"/> Commercial Grower	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Parks, Schools, Municipalities
<input type="checkbox"/> Agricultural Maintenance Products	<input type="checkbox"/> Extension Agent	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Research
<input type="checkbox"/> Botanical Garden	<input type="checkbox"/> Extension Specialist	<input type="checkbox"/> Greenhouse/Nursery	<input type="checkbox"/> Seed Company
<input type="checkbox"/> Business, Institution	<input type="checkbox"/> Farmers' Cooperative	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Substation Superintendent
<input type="checkbox"/> Chemical Company	<input type="checkbox"/> Garden Center	<input type="checkbox"/> Landscape Maintenance Company	<input type="checkbox"/> Other _____

Send Response to: Extension Agent Submitter Grower Other If other, give name _____

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/twig/branch</p> <p><input type="checkbox"/> crown (stem area at soil line)</p> <p><input type="checkbox"/> other _____</p> <p>Problem Severity</p> <p><input type="checkbox"/> light</p> <p><input type="checkbox"/> moderate</p> <p><input type="checkbox"/> severe</p> <p>How long at this site? _____</p> <p>Height of plant _____</p> <p>How many plants affected? _____</p> <p>How many plants (same type) not affected? _____</p> <p>How watered? _____</p>	<p>Crop Location</p> <p><input type="checkbox"/> field</p> <p><input type="checkbox"/> forest/woods</p> <p><input type="checkbox"/> garden</p> <p><input type="checkbox"/> golf course</p> <p><input type="checkbox"/> greenhouse/nursery</p> <p><input type="checkbox"/> landscape</p> <p><input type="checkbox"/> lawn</p> <p><input type="checkbox"/> orchard</p> <p><input type="checkbox"/> other _____</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><input type="checkbox"/> other _____</p> <p>Watered how frequently? _____</p> <p>Type fertilizer applied _____</p> <p>Fertilizer rate & schedule _____</p> <p>Location: <input type="checkbox"/> full sun <input type="checkbox"/> full shade <input type="checkbox"/> partial shade</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><input type="checkbox"/> other _____</p>
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Soil Information

Type

- sandy
- clay
- loam

Terrain

- sloped
- level
- low

Drainage

- good
- moderate
- poor

Last nematode analysis date: _____

Results: _____

Soil test date _____

Potting mixture _____

Soil test level of: pH _____ P _____ K _____

CHEMICALS APPLIED—DATES AND RATES USED DURING CURRENT GROWING SEASON

Fertilizer _____

Lime _____

Fungicide _____

Insecticide _____

Nematicide _____

Herbicides, previous and current crop _____

Briefly state the problem and ask specific questions. _____

FOR AUBURN USE ONLY	Soil pH _____	Soil SS _____	Referral _____	Diagnosis _____
	Microscopy _____		Soil Testing _____	
	Culture _____		Nematode Analysis _____	
	ELISA _____		Tissue Analysis _____	