

**\$40.00**  
**PER SAMPLE**  
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 University of Florida - FEPDC

**Plant Diagnostic Submission Form (3 Steps)**

FILL IN ALL 3 STEPS and SUBMIT ORIGINAL COPY WITH SPECIMEN

**STEP 1: YOUR CONTACT INFORMATION** - Please Print Clearly

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Office Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

**TYPE OF CLIENT:**

Arborist | Farmer | Nursery | Lawn care/Landscaper | Home Owner | Municipality | Pest Control Operator  
 Other: \_\_\_\_\_

In addition to submitter send results to:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**STEP 2: GENERAL HOST PLANT & SYMPTOM INFORMATION** - Please Print Clearly

Host Plant: \_\_\_\_\_ Cultivar: \_\_\_\_\_

Location: \_\_\_\_\_

General Plant Appearance:  wilted  spotted  yellowed  abnormal growth  stunted  mosaic  
 other: \_\_\_\_\_

**Part(s) of Plant Affected and Symptom(s) Expressed**

- |                                            |                                           |                                           |                                           |                                         |                                         |                                       |
|--------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> <b>Roots</b>      | <input type="checkbox"/> <b>Trunk</b>     | <input type="checkbox"/> <b>Stem</b>      | <input type="checkbox"/> <b>Branch</b>    | <input type="checkbox"/> <b>Leaves</b>  | <input type="checkbox"/> <b>Flowers</b> | <input type="checkbox"/> <b>Fruit</b> |
| <input type="checkbox"/> apparently normal | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> galls/swelling   | <input type="checkbox"/> spotted        | <input type="checkbox"/> spotted        | <input type="checkbox"/> spotted      |
| <input type="checkbox"/> poor growth       | <input type="checkbox"/> cankers          | <input type="checkbox"/> cankers          | <input type="checkbox"/> cankers          | <input type="checkbox"/> blighted       | <input type="checkbox"/> blighted       | <input type="checkbox"/> blighted     |
| <input type="checkbox"/> discolored        | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> discolored int.  | <input type="checkbox"/> yellowed       | <input type="checkbox"/> discolored     | <input type="checkbox"/> discolored   |
| <input type="checkbox"/> rotted            | <input type="checkbox"/> dieback          | <input type="checkbox"/> dieback          | <input type="checkbox"/> dieback          | <input type="checkbox"/> mosaic         | <input type="checkbox"/> rotted         | <input type="checkbox"/> rotted       |
| <input type="checkbox"/> stubby            | <input type="checkbox"/> rotted           | <input type="checkbox"/> rotted           | <input type="checkbox"/> rotted           | <input type="checkbox"/> wilted         | <input type="checkbox"/> mosaic         | <input type="checkbox"/> mosaic       |
| <input type="checkbox"/> galls/swelling    | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> abnormal pattern | <input type="checkbox"/> galls/swelling | <input type="checkbox"/> distorted      | <input type="checkbox"/> distorted    |
| <input type="checkbox"/> other             | <input type="checkbox"/> or number        | <input type="checkbox"/> or number        | <input type="checkbox"/> or number        | <input type="checkbox"/> rotted         | <input type="checkbox"/> other          | <input type="checkbox"/> other        |
|                                            | <input type="checkbox"/> wilted           | <input type="checkbox"/> wilted           | <input type="checkbox"/> wilted           | <input type="checkbox"/> other          |                                         |                                       |
|                                            | <input type="checkbox"/> other            | <input type="checkbox"/> other            | <input type="checkbox"/> other            |                                         |                                         |                                       |

Other: \_\_\_\_\_

**STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM** - Please Print Clearly

Type of Planting: Field | Interior | Garden | Grove/Orchard | Landscape | Nursery | Greenhouse | Shadehouse  
 Other: \_\_\_\_\_

Symptom(s) Prevalence:  Entire Planting  Localized Area  Scattered Area

Symptom(s) Appeared (In Past):  Days \_\_\_\_\_  Weeks \_\_\_\_\_  Months \_\_\_\_\_

Recently Applied Chemicals: Fertilizer: \_\_\_\_\_  
 Pesticide: \_\_\_\_\_

Additional Information: \_\_\_\_\_