



Submit specimens and this form to: Plant Clinic, 106 Price Hall, 170 Drillfield Dr., Virginia Tech, Blacksburg, Virginia 24061-0331

Date Collected _____

Lab I.D. No. _____

SEE www.ppws.vt.edu/extension/plant-disease-clinic/index.html FOR INSTRUCTIONS ON HOW TO COLLECT SPECIMENS AND COMPLETE THE NUMBERED SECTIONS OF THIS FORM.

1. Plant _____ Cultivar/Variety _____

2. Extension Agent _____ County _____ Phone (____) _____

Grower _____ Grower email _____

Address _____ Phone (____) _____

3. Briefly describe the symptoms and ask the specific question you want answered:

4. Do you want a control recommendation for:

- Home lawn/garden Commercial production Lawn/landscape management other

*Plant Part
Affected*

- roots
 crown
 stem or branch
 leaves
 flower
 fruit
 seeds

*General
Appearance*

- wilted
 yellowed
 stunted
 stained/streaked
 leaf spot/blight
 leaf mottle
 other _____

*Disease
Distribution*

- general
 scattered plants
 in spots or groups
 certain cultivar
 in low areas
 upland areas
 other _____

Location

- field/farm golf course
 garden sod farm
 landscape Christmas tree farm
 nursery vineyard
 greenhouse orchard
 athletic field forest
 other _____ indoor plant

5. Size of total planting: Acres _____ or square feet _____ or number of plants _____

Percent of crop affected _____ or number of plants affected _____

Last year's crop 20 ____ _____ Crop planned for next year 20 ____ _____

Symptoms first noticed, date _____ Occurrence in previous years: No Yes Unknown

6. Past weather conditions: normal rainy dry hot cold other

Have plants been irrigated? yes no how much? _____

7. SOIL:

Type

- sandy
 clay
 loam
 no till

Terrain

- sloped
 level
 low
 conventional till

Drainage

- good
 moderate
 poor
 minimal till

Soil-less

- pinebark
 peat moss
 other _____

Mulch

- bark chips
 plastic
 other _____

www.ext.vt.edu

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8. Nematode assay, date _____ Last soil test, date _____

Last lime application, date _____

9. Chemicals and/or pesticides applied, including method of application, rate and date:

Growth regulator _____ none unknown

Fertilizer _____ none unknown

Fungicide _____ none unknown

Insecticide _____ none unknown

Herbicide _____ none unknown

Herbicide previous year _____ none unknown

Nematicide _____ none unknown

Nematicide previous year _____ none unknown

10. WOODY PLANTS ONLY

Fruit trees and grapes: root stock _____ fruit bearing age nonbearing age

Trees, shrubs, fruit trees, and vines: approximate age _____ height _____ stem diameter _____

Canopy: few or no dead limbs 20-50% dead limbs 50% or more dead limbs

Number of years in present site: less than 2 less than 4 less than 10 greater than 10

Exposure: full sun partial sun full shade windy protected

Condition of trunk:

healthy light damage heavy damage Describe: _____

Root damage or soil disturbance from any of the following: sidewalks, driveways, trenches, retaining walls, compaction, or other construction activities.

Describe: _____

DO NOT WRITE BELOW THIS LINE

DIAGNOSIS AND CONTROL

Date of email response _____

Date received _____

Common Name: _____ Scientific Name: _____

fungus bacterium virus nematode abiotic other

Comments: _____

For control information, see fact sheet _____ and/or

Va. Pest Management Guide _____ p. _____

Date _____ Extension Plant Pathologist _____