



Specimen Information Form

Plant Disease Clinic, Department of Plant Pathology

220 Buckhout Laboratory

University Park, PA 16802

Please Complete All Sections of this Form

Client Information

Name _____

Address _____

City, State, Zip _____ County _____

Phone _____ Fax _____ E-Mail _____

Submitter information

Cooperative Extension Office for Commercial Grower/Company Homeowner

Cooperative Extension Office for Homeowner Commercial Grower/Company

Certified Organic

Specimen Information

Plant _____ Variety _____ Date Collected _____

Describe the problem and explain what concerns you:

Plant Part Affected

Leaves

Roots

Stems, branches

Flowers

Symptoms

Yellowing: ___ Interveinal ___ General ___ Marginal

Browning: ___ Interveinal ___ General ___ Marginal

Wilting Distortion Mottling Leaf Spots

Other: _____

Type of Planting

Garden Nursery

Yard Orchard

Indoor/house Plantation

Field Vineyard

Forest Golf course

Greenhouse High Tunnel

Other: _____

Disease Distribution

General High areas

Scattered plants Low areas

Dry areas Foundation

Wet areas Next to drive or road

Shaded areas Near vents/fans

Sunny areas End/Edge of planting

Other: _____

Soil Type

Sandy

Clay

Loam

Soil Moisture

Excessive

Adequate

Deficient

Drainage

Good

Moderate

Poor

Terrain

Sloped

Level

Low

When did the symptoms first appear? _____

