



Specimen Information Form

Plant Disease Clinic, Department of Plant Pathology

Please Complete All Sections of this Form

361 Science Drive, Room 220
University Park, PA 16802

Client Information

Name _____
Address _____
City, State, Zip _____ County _____
Phone _____ E-Mail _____

Submitter information

- Cooperative Extension Office for Commercial Grower/Company
- Cooperative Extension Office for Homeowner
- 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? _____

Has the problem occurred before? _____ **When?** _____

Size of Planting _____ Acres **Extent of Problem**
 _____ Number of plants _____ Percentage of plants affected *or*
 _____ Number of plants affected

Previous Crop (name): _____

Trees/Shrubs: Approximate age: _____ Height: _____
 How long has the plant been growing in the present site? _____

Treatments Applied This Season and Previous Year: (Fertilizer, Fungicide, Insecticide, Herbicide, Other)

Material	Rate	Date Applied	Material	Rate	Date Applied

Disturbances

High winds Excavation, _____ ft away Other _____

Hail recently Construction nearby

Frost Gas or sewer lines None

Turfgrass: If sample is turfgrass, please describe the infection center:

Grass killed No distinct pattern; irregular areas

Grass thinned Definite pattern to affected areas:

Circular areas Size _____

Size of affected area: _____ Rings Size _____

Greenhouse Specimens: If sample is a greenhouse specimen, please complete the following:

Raised beds Heating system: _____

Ground beds Irrigation system: _____

Pots or containers Soil mixture: _____

Growth regulators applied (list materials and date): _____

Fertilizer used (list type and analysis): _____

Fertilizer application technique:

soil incorporation foliar spray dry on surface liquid on surface

Temperature in production area: Days: _____ to _____°F Nights: _____ to _____°F

Additional Comments:
