



**Specimen Information Form**

**Plant Disease Clinic, Department of Plant Pathology**

**Please Complete All Sections of this Form**

220 Buckhout Lab  
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
- Hail recently
- Frost
- Excavation, \_\_\_\_\_ ft away
- Construction nearby
- Gas or sewer lines
- Other \_\_\_\_\_
- None

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

- Grass killed
  - Grass thinned
  - No distinct pattern; irregular areas
  - Definite pattern to affected areas:
    - Circular areas      Size \_\_\_\_\_
    - Rings                      Size \_\_\_\_\_
- Size of affected area: \_\_\_\_\_

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

- Raised beds
  - Ground beds
  - Pots or containers
  - Growth regulators applied (list materials and date): \_\_\_\_\_
  - Fertilizer used (list type and analysis): \_\_\_\_\_
- Heating system: \_\_\_\_\_  
 Irrigation system: \_\_\_\_\_  
 Soil mixture: \_\_\_\_\_
- 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:**

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