



**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? \_\_\_\_\_

