

**Samples will not be returned.**



**Broward County**  
**UF/IFAS Extension Ed Section/ Parks & Recreation Division**



**Date:**

Received by:

**Residential DIAGNOSTIC SHEET FOR BIOLOGICAL SPECIMENS**  
**Medical or Veterinary Samples will not be accepted.**

Contact Person:

Address:

City

Zip

**E-mail:**

**Telephone:**

1. Sample description (What is the plant name, what portion of plant, etc.)

2. Where found, taken, or first noticed

3. Problem description (describe what is wrong with the specimen)

4. What has been done to control situation?

**5. Signature of the person delivering the sample.**

Diagnosis

-----Below for office use only-----

Recommendations

Person giving diagnosis & information

Extension Agent

Horticulture technician

Master Gardener

Signature \_\_\_\_\_

Client contacted by phone

by E-mail

Date:

Talked to person

Left message

Needs second return call

Need to send to UF/FLREC

Date Sent:

Date Returned:

Signature of person giving diagnosis: