

University of Florida

Suwannee County Extension

Plant Disease/Disorder Diagnosis Form

Please fill out **completely** and attach to sample. Use one form per sample.

Producer/Client	
Name: _____	Address of Sample: _____
Company/Farm: _____	_____
Address: _____	Date sample taken: _____
_____	Date first observed: _____
Phone: _____	Plant common name: _____
Fax: _____	Plant scientific name: _____
E-mail: _____	

Plant	
Crop or Plant: _____	Cultivar/Variety: _____
Planting date/approximate age: _____	Numbers of acres affected: _____

Signs/Symptoms <input type="checkbox"/> Wilting <input type="checkbox"/> Yellowing <input type="checkbox"/> Die-back <input type="checkbox"/> Root rot <input type="checkbox"/> Stem rot <input type="checkbox"/> Leaf spots/holes <input type="checkbox"/> Blight <input type="checkbox"/> Canker <input type="checkbox"/> Streak <input type="checkbox"/> Mold/webbing <input type="checkbox"/> Mosaic/mottling <input type="checkbox"/> Galls <input type="checkbox"/> Stunting <input type="checkbox"/> Fruit spots/decay <input type="checkbox"/> Scab <input type="checkbox"/> Distortion/curling <input type="checkbox"/> Browning/Scorched <ul style="list-style-type: none"> <input type="checkbox"/> Intervinal <input type="checkbox"/> Marginal Other _____	Affected parts <input type="checkbox"/> Whole plant <input type="checkbox"/> New growth <input type="checkbox"/> Stem/stalk <input type="checkbox"/> Branches/twigs <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit/seed <input type="checkbox"/> Crown/collar <input type="checkbox"/> Other _____ Soil type <input type="checkbox"/> Sand <input type="checkbox"/> Loam <input type="checkbox"/> Potting mix <input type="checkbox"/> Mix <input type="checkbox"/> Clay <input type="checkbox"/> Mulch	Distribution <input type="checkbox"/> Entire field <input type="checkbox"/> Single plant <input type="checkbox"/> Scattered plants <input type="checkbox"/> Group of plants <input type="checkbox"/> Edge of field <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Sunny areas <input type="checkbox"/> Shaded areas <input type="checkbox"/> Next to pathway <input type="checkbox"/> Other _____ _____	Planting <input type="checkbox"/> Field/farm <input type="checkbox"/> Nursery <input type="checkbox"/> Greenhouse <input type="checkbox"/> Hydroponic <input type="checkbox"/> Garden <input type="checkbox"/> Other _____ Drainage <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Weather <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Windy <input type="checkbox"/> Heavy dews <input type="checkbox"/> Drought <input type="checkbox"/> Adequate moisture <input type="checkbox"/> Excess moisture Degree of injury <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> severe
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Describe the problem: _____

History
Chemicals used in the planting or vicinity: _____
List soil amendments used (compost, manure, grass clippings, etc.): _____

Previous planting and cultivation history: _____

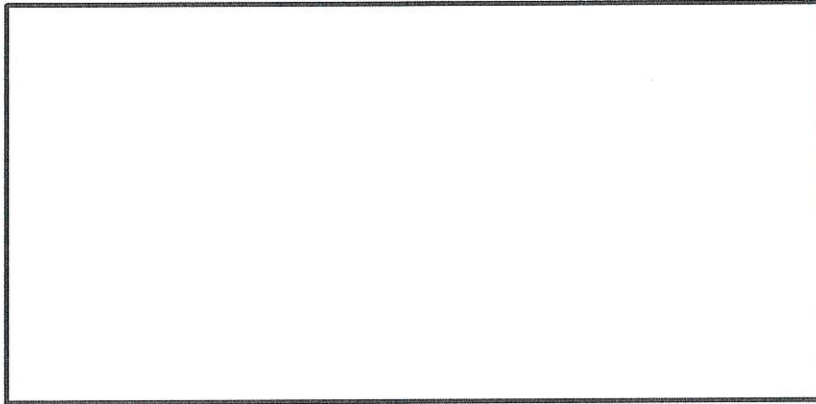
When did the problem first appear: _____

Describe the location/environment:

Describe the pattern of disease problem/nutrient problem in the field or area:

-----Office Use-----

Photo



Disease/Disorder:

Control Recommendations:

Follow-Up with Client:

Date: _____ Time: _____

Method: Farm Visit In-office Phone Voice Message

Agent/Evaluator: _____

Extension programs are open to all people regardless of race, color, sex, religion, disability or national origin. In accordance with the Americans with Disabilities Act, any person needing a special accommodation to participate in any activity should contact the Suwannee County Cooperative Extension Service at 1302 Eleventh Street, SW, Live Oak, Florida 32060 or telephone (386) 362 - 2771 at least five working days prior to the event. Hearing impaired can access the foregoing telephone by contacting the Florida Relay Service at 1 - 800 - 955 - 8770 or 800 - 955 - 8772 (TDD).