CORNELL UNIVERSITY

Sample Submission

Plant Pathology DEPARTMENT

Mail to: Plant Disease Diagnostic Clinic, 334 Plant Science Bldg. Ithaca, NY 14853 ph: (607) 255-7850

Please enclose a check for $25 ($40 for Turf, Virus, Elisa, or Nematode; $55 for Turf w/ Nematode)

Referring Agent (e.g. Cooperative Extension Agent, Consultant, Arborist…)	**Home or business location where sample was taken**
Organization/Business: _____	**Commercial Grower** _____/_____ **Homeowner**
Agent/Consultant: _____	Name/Business _____
Address: _____	Person to contact: _____
_____	Address: _____
City/Zip: _____	City _____ State ____ Zip: _____
Phone: _____	Phone: _____ Fax: _____
Fax: _____	E-mail: _____
E-mail: _____	County : _____

Describe nature and extent of problem: collection date _____

Scientific Name (if known) | **Host Common Name**

Disease Symptoms:
- wilting ☐
- yellowing ☐
- galls ☐
- dieback ☐
- rot ☐
- marginal burns ☐
- leaf/needle drop ☐
- leaf spots ☐
- streak ☐
- mosaic ☐
- blight ☐
- _____ ☐

Affected Parts:
- stems ☐
- roots ☐
- leaves ☐
- flowers ☐
- fruit ☐
- _____ ☐

Soil Type:
- sandy ☐
- loam ☐
- potting mix ☐
- clay ☐
- mulch ☐
- _____ ☐

Distribution:
- entire field ☐
- edge of field ☐
- random ☐
- high areas ☐
- low areas ☐
- wet areas ☐
- dry areas ☐
- sunny areas ☐
- shaded areas ☐
- next tor drive ☐
- __ feet away ☐
- _____ ☐

Planting:
- field ☐
- nursery ☐
- yard ☐
- orchard ☐
- greenhouse ☐
- forest ☐
- golf course ☐
- indoor ☐
- hydroponic ☐
- _____ ☐

Drainage:
- good ☐
- fair ☐
- poor ☐
- _____ ☐

When did problem first occur?

Is it getting worse?

How long did you own the plant?

Age of plant?

When last transplanted?

How often watered?

Cropping History

_____

_____

_____

Acres or number affected. | % loss

Chemicals/Fertilizers
(give rate and time of application)

Date received at the Diagnostic Lab._____