

County:
County Extension Agent:
County sample #: <i>(county use – optional)</i>

Lab use only	Lab file #:
	Date received:
	Diagnostician:
	Date completed:



College of Agriculture,
Food and Environment
Cooperative Extension Service

Plant Disease Diagnostic Identification Form

Note: Also include a supplemental form for tree/shrub or greenhouse/high tunnel samples

Send plant sample with
Completed form(s) to:

Plant Disease Diagnostic Laboratory
Ag Science Building-North, 1100 South Limestone Street
Lexington, KY 40546-0091

Grower _____
 Address _____
 City _____ Zip _____
 E-mail _____
 Phone _____

Plant name _____
 Cultivar _____
 Date collected _____

Sample is from commercial planting
 residential planting

Parts Diseased
 buds flowers leaves/needles
 fruit stems trunk
 roots twigs/branches

Symptoms
 leaf scorch stem rot galls/swellings
 canker mottling stunting
 dieback root rot wilt
 distortion shot hole yellowing
 fruit decay spot

other _____

Location of Plant
 field greenhouse nursery
 float bed high tunnel orchard
 garden landscape indoor/interiorscape

other _____

Pattern of Diseases Plants
 single plant group(s) of plants entire planting
 large area(s) one side of planting scattered plants

Is Pattern Associated with
 cultivation patterns high, dry area shade
 field borders low, wet area slopes

Percent of planting affected _____
 Date problem first noticed _____
 Planting date/age of plant _____
 Soil type _____ Soil drainage _____
 Previous crop(s) _____
 Tillage practices _____
 Recent weather & irrigation practices _____

Unusual Disturbances lightning hail construction
 physical injury pruning soil compaction drought
 excessive rainfall flooding temperature extremes
 other _____

Chemicals applied to this crop *(list name, rate & dates of fertilizers, herbicides, fungicides & insecticides; include seed treatments & other products)*

Additional information *(Optional: Attach one or more printed photos to this form)*