



Illinois Extension

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

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Diagnostic Submission Form

LABORATORY USE ONLY

Sample ID No. _____

Sample Name/Field ID _____

County/State of Origin _____

Commercial Residential Regulatory

Send Report to:

Name _____

Company _____

Address _____

Phone _____

Email _____

Send Invoice to:

Name _____

Company _____

Address _____

Phone _____

Email _____

Submission Observations

Plant Name _____

Plant Variety _____

Approx. Age/Size _____

Describe the symptoms of one affected plant:

When did symptoms appear? _____

Rainfall Prior to Symptoms _____

Temp. Prior to Symptoms _____

Describe the overall pattern of affected plants and condition of other nearby species:

Agricultural Information

Crop Last Year _____

Crop Two Years Ago _____

Soil Type _____

Soil pH _____

% Organic Matter _____

Fertilizer this Year _____ Date _____ Method _____

Fungicide this Year _____ Date _____ Method _____

Herbicide this Year _____ Date _____ Method _____

Insecticide this Year _____ Date _____ Method _____

Nitrogen this Year _____ Date _____ Method _____

Chemicals Last Year _____