



## Illinois Extension UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

**LABORATORY USE ONLY** 

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Diagnostic Submission Form			Sample ID No.		
Sample Name/Fiel	ld ID		County/State of Origin		
☐ Commercial	☐ Residential	☐ Regulatory		tes	
Send Report to:			Send Invoice to:		
Name			Name		
Company			Company		
Address			Address		
Phone			Phone		
Email			Email		
Submission Obser	vations				
Plant Name			When did symptoms appear?		
Plant Variety			Rainfall Prior to Symptoms		
Approx. Age/Size			Temp. Prior to Symptoms		
	otoms of one affected		·		
Describe the overa	all pattern of affected	I plants and condition	of other nearby s	pecies:	
Agricultural Inform	mation				
Crop Last Year			Crop Two Years Ago		
Soil Type		Soil pH		% Organic Matter	
Fertilizer this Year		Dat	te	Method	
Fungicide this Yea	r	Dat	te	Method	
Herbicide this Yea	r	Dat	te	Method	
Insecticide this Year Da			te	Method	
Nitrogen this Year		Dat	te	Method	
Chemicals Last Yea					