



# Illinois Extension

UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

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## Diagnostic Submission Form

### OFFICE 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 \_\_\_\_\_