



Plant Sample Diagnostic Sheet

Name _____
Address _____
City _____ State/Zip _____
Email _____ Phone _____

Check all that apply:
 Plant Problem Diagnosis
 Plant Identification
 Weed Identification

Name of Plant: _____

Description of Problem:

<p>Location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Landscape/Flower Garden <input type="checkbox"/> Vegetable/Fruit <input type="checkbox"/> Houseplant <input type="checkbox"/> Lawn <input type="checkbox"/> Nursery <input type="checkbox"/> Farm <input type="checkbox"/> Greenhouse <input type="checkbox"/> Other 	<p>Exposure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full Sun <input type="checkbox"/> Partial Sun <input type="checkbox"/> Shade <p>When planted: _____ Other plants affected nearby? Y / N If yes, same type? _____ When were symptoms noticed? _____</p>	<p>Irrigation practices:</p> <p>Frequency _____ Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drip/soaker hose <input type="checkbox"/> Hand-held hose/watering can <input type="checkbox"/> Sprinkler/overhead <input type="checkbox"/> Other _____ <input type="checkbox"/> Rain only
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Chemical applications: list names and dates applied

Fertilizers _____
 Insecticides _____
 Fungicides _____
 Herbicides _____

<p>Symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yellowing <input type="checkbox"/> Browning <input type="checkbox"/> Leaf spots <input type="checkbox"/> Wilting <input type="checkbox"/> Rot <input type="checkbox"/> Stunting <input type="checkbox"/> Tip Dieback <input type="checkbox"/> Leaf drop <input type="checkbox"/> Abnormal growth <input type="checkbox"/> Other: 	<p>Parts Affected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stems/trunk <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits/seeds <input type="checkbox"/> Entire plant <input type="checkbox"/> Branches__% <input type="checkbox"/> Other: 	<p>Distribution of Problem in Site:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scattered plants <input type="checkbox"/> Groups of plants <input type="checkbox"/> Uniform <input type="checkbox"/> Wet areas <input type="checkbox"/> Sunny spots <input type="checkbox"/> Shady spots <input type="checkbox"/> Edge of planting 	<p>Distribution of Symptoms on Plant:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Upper canopy <input type="checkbox"/> Lower canopy <input type="checkbox"/> Inner canopy <input type="checkbox"/> Outer Canopy 	<p>Site History:</p> <p>Soil pH: _____ Soil drainage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor
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Send sample and form in crushproof package or container to:
UConn Plant Diagnostic Lab
 1380 Storrs Road, U-4115
 Storrs, CT 06269-4115
 Email: ladybug@uconn.edu
 Phone: 860-486-6271

An invoice for \$15.00 per sample will be sent with your report or you may pay in advance. Make check payable to University of Connecticut.

Diagnostic fees for Connecticut commercial growers are currently covered by a USDA NIFA CPPM grant.

Packaging and collection tips on back.

PREPARATION AND SHIPPING OF PLANT/INSECT SAMPLES FOR DIAGNOSIS

1. **Ship fresh plant material** that is not dried out, dead or decaying. **Do not** ship live insects. Crushed insects and insects stuck to clear tape are unidentifiable. Place live insects in freezer to kill them.
2. If the **root system** is included, place a **plastic bag** around it and secure with a twist tie or rubber band to keep soil from compromising leaves/stems.
3. Place the entire sample into a **sealed plastic bag**. A dry paper towel can be wrapped around the plant to absorb excess moisture and prevent the plant from sticking to the plastic. Never add water to the sample for shipment.
4. Ship in a **crush-proof container** such as a box. Insects will be crushed by mail machines if sent in a plain envelope.
5. It is best not to ship over a weekend or holiday to **minimize the time the sample is in transit**.
6. **Diagnostic fees**: \$15.00 each for disease or insect or plant ID. Make check payable to University of Connecticut or UConn.
7. Include a copy of the **Plant Sample Diagnostic Sheet**.