# UConn Plant Diagnostic Lab

## Plant sample submission form

### Name: ________________________________

### Business: ________________________________

### Street Address: ________________________________

### City, State, Zip: ________________________________

### Phone: ________________________________

### Email: ________________________________

### Service requested:  
___ Plant problem diagnosis  ___ Plant/weed identification

### Plant:  

<table>
<thead>
<tr>
<th>Common and/or scientific name</th>
<th>Cultivar or variety (if known)</th>
</tr>
</thead>
</table>

### Description of Problem:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

### Symptoms

- Abnormal growth
- Browning
- Leaf spots
- Leaf drop
- Rot
- Stunting
- Tip dieback
- Wilting
- Yellowing
- Other: __________________________

### Parts Affected

- Branches: ___%  
- Entire plant  
- Fruits or seeds  
- Flowers  
- Leaves  
- Roots  
- Stems/trunk  
- Other: __________________________

### Distribution of Problem

- Entire planting  
- Edge of planting  
- Groups of plants  
- Scattered plants  
- Uniform  
- Sunny areas  
- Shady areas  
- Wet areas  
- Other: __________________________

### Distribution on Plant

- Upper canopy  
- Lower canopy  
- Inner canopy  
- Outer Canopy  

### Chemical History

Include rate and date.

#### Fertilizers:

#### Insecticides:

#### Herbicides:

#### Fungicides:

### Location of Plant(s)

- Greenhouse
- Farm
- Indoor/house plant
- Lawn/yard
- Nursery
- Orchard
- Other: __________________________

### Irrigation & Drainage

- Frequency: ________________________________
- Drip/soaker hose
- Hose/watering can
- Sprinkler/overhead
- Rain only
- Other: __________________________

<table>
<thead>
<tr>
<th>Good</th>
<th>Poor</th>
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</thead>
</table>

### Site History

- Date planted: ________________________________
- Date of last soil test: ________________________________
- Date symptoms appeared: ________________________________
- Rate at which symptoms appeared: Sudden Gradual
- Number of plants affected: ________________________________
- Are other plants affected nearby? Yes No  
  If yes, what kind? ________________________________

### FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Vis</th>
<th>Mic</th>
<th>Inc</th>
<th>Cul</th>
<th>Ser</th>
<th>BioC</th>
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Date received: ________________________________

Check #: ________________________________

Diagnosis: ________________________________

Date of report: ________________________________

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Make checks payable to UConn.

Drop off or mail sample, form, and check to:

UConn Plant Diagnostic Lab  
1380 Storrs Road, U-4115  
Storrs, CT 06269-4115

Submit images to: ladybug@uconn.edu

Revised 7/5/19
Collecting and Shipping Plant Samples by Mail

1. Always select fresh plant material that is symptomatic but not dried out, dead, or decaying. We are unable to diagnose plants that are already dead.

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 contaminating 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.

5. Ship the package early in the week via overnight delivery to limit the time the sample is in transit. Do not ship over a weekend or holiday.