

UConn Plant Diagnostic Lab Plant sample submission form



Name: _____ Business: _____ Street Address: _____ City, State, Zip: _____ Phone: _____ Email: _____	<p style="text-align: center;">\$15 diagnostic fee per sample Make checks payable to <i>UConn</i>.</p> <p>Drop off or mail sample, form, and check to: UConn Plant Diagnostic Lab 1380 Storrs Road, U-4115 Storrs, CT 06269-4115</p> <p style="text-align: center;">Submit images to: ladybug@uconn.edu</p>
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Service requested: ___ Plant problem diagnosis ___ Plant/weed Identification
Plant: _____ Common and/or scientific name Cultivar or variety (if known)

Description of Problem:

Symptoms	Parts Affected	Distribution of Problem	Distribution on Plant	Chemical History
<input type="checkbox"/> Abnormal growth <input type="checkbox"/> Browning <input type="checkbox"/> Leaf spots <input type="checkbox"/> Leaf drop <input type="checkbox"/> Rot <input type="checkbox"/> Stunting <input type="checkbox"/> Tip dieback <input type="checkbox"/> Wilting <input type="checkbox"/> Yellowing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Branches: ____% <input type="checkbox"/> Entire plant <input type="checkbox"/> Fruits or seeds <input type="checkbox"/> Flowers <input type="checkbox"/> Leaves <input type="checkbox"/> Roots <input type="checkbox"/> Stems/trunk <input type="checkbox"/> Other: _____	<input type="checkbox"/> Entire planting <input type="checkbox"/> Edge of planting <input type="checkbox"/> Groups of plants <input type="checkbox"/> Scattered plants <input type="checkbox"/> Uniform <input type="checkbox"/> Sunny areas <input type="checkbox"/> Shady areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Other: _____	<input type="checkbox"/> Upper canopy <input type="checkbox"/> Lower canopy <input type="checkbox"/> Inner canopy <input type="checkbox"/> Outer Canopy <div style="background-color: #1a3a4d; color: white; text-align: center; padding: 2px;">Exposure</div> <input type="checkbox"/> Full sun <input type="checkbox"/> Part sun <input type="checkbox"/> Shade	Include rate and date. Fertilizers: Insecticides: Herbicides: Fungicides:
Location of Plant(s)	Irrigation & Drainage	Site History		
<input type="checkbox"/> Greenhouse <input type="checkbox"/> Farm <input type="checkbox"/> Indoor/house plant <input type="checkbox"/> Lawn/yard <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Other: _____	Frequency: _____ <input type="checkbox"/> Drip/soaker hose <input type="checkbox"/> Hose/watering can <input type="checkbox"/> Sprinkler/overhead <input type="checkbox"/> Rain only <input type="checkbox"/> Other: _____ Drainage: Good Fair Poor	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									
Date received: _____ Check #: _____ Diagnosis: _____ Date of report: _____	Vis	Mic	Inc	Cul	Ser	BioC	Phy	Pho	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.