

Code: _____

County: _____

Agent: _____

Date: _____



Insect and Plant Disease Specimen Form

(See reverse side for instructions.)

Grower: _____ Commercial: _____ Home Planting: _____

Address: _____ Telephone: _____

Crop: _____ Variety: _____ Previous Crop: _____

Date First Noticed: _____ Previous Occurrence: Yes No % Plants Affected: _____

LOCATION

- House
- Yard/Garden
- Orchard
- Greenhouse
- Nursery
- Golf Course
- Plant Bed
- Field
- _____

PARTS AFFECTED

- Roots
 - Flowers
 - Fruits
 - Stem
 - Leaves
- AREA AFFECTED**
- _____ No. of Acres
- _____ No. Plants
- _____ No. Sq. Ft.

DISTRIBUTION

- General
- Scattered
- Certain Variety
- in Rows
- in Spots
- in Low Areas
- in High Areas
- _____
- _____

APPEARANCE

- Wilted
- Yellowed
- Dead Leaf Area
- Dead Plants
- Stunted
- Leaf Spot
- Plant Distortions
- Leaf Mottle/Mosaic
- _____

DESCRIBE PROBLEM: *(Include symptoms, weather or soil conditions, possible causes and other information which may be helpful in diagnosing the problem.)*

CHEMICALS USED: *(Name, date, rate and method of application.)*

Do Not Write Below This Line

SAMPLE #:	DATE RECEIVED:	CONDITION UPON ARRIVAL:
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DIAGNOSIS:

CONTROL:

Date Reply: _____ By: _____

White: Grower Copy

Yellow: Extension Office Copy

Pink: Diagnostic Center Copy

Forward all copies to the Plant and Pest Diagnostic Center.