

UVM PLANT DIAGNOSTIC CLINIC SPECIMEN FORM

PLANT & WEED IDENTIFICATION ONLY

(See second sheet for instructions on how to collect and ship specimens)

GROWER NAME: _____
STREET: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____
TELEPHONE #: _____

DATE SENT: _____
SUBMITTED BY: _____
CROP OR PLANT: _____
VARIETY: _____

CHECK ONE: Commercial Grower
 Home Gardener

OFFICE USE ONLY
Ref #: _____
Date Rcd: _____
\$15 Service Fee Paid: yes no

PROBLEM DESCRIPTION: Check all that apply

Plant Part Affected

- roots
- stem or branch
- leaves
- flower
- fruit/seed
- other _____

General Appearance

- wilted
- discolored
- stunted
- abnormal growth
- leaf spot/blight
- leaf mottling
- other _____

Distribution

- throughout field
- scattered plants
- in spots
- certain variety
- in low areas
- upland areas
- other _____

Location

- field
- garden
- landscape
- lawn
- nursery
- greenhouse
- orchard
- forest
- other _____

Briefly state the problem and ask the specific question you want answered:

GROWTH CONDITIONS:

Size of planting

acres: _____
plants: _____
row feet: _____
% affected plants: _____

Light

- full sun
- partial shade
- full shade

Air Circulation

- good
- moderate
- poor

Weather preceding symptoms

- cool, dry
- cool, wet
- frosted, or nearly
- hot, dry
- hot, wet

Last soil test if known

pH: _____
aluminum: _____
phosphate: _____
reserve P: _____
potash: _____
magnesium: _____

Soil type

- sandy
- clay
- loam
- subsoil
- fill

Drainage

- good
- moderate
- poor

CROP INFORMATION:

Crop last year: _____
Crop this year: _____
When was the problem first noticed? _____

SHRUBS AND TREES:

Approximate age _____ yrs, height _____ ft
Distance to nearest structure _____ ft
Exposure _____N, _____S, _____E, _____W

CHEMICALS APPLIED (Dates and Rates):

| | | |
|-----------------------|-----------------------|----------------------|
| | <u>Growing season</u> | <u>Previous year</u> |
| Fertilizer or manure: | _____ | _____ |
| Fungicide: | _____ | _____ |
| Herbicide: | _____ | _____ |

INSTRUCTIONS FOR COLLECTING, PREPARING, AND MAILING SPECIMENS

For Plant Disease Diagnosis:

1. GIVE COMPLETE INFORMATION on **UVM PLANT DIAGNOSTIC CLINIC SPECIMEN FORM**.
2. Enclose \$15.00 fee with check made out to University of Vermont.
3. SEND GENEROUS AMOUNTS of material; ENCLOSE IN PLASTIC BAGS; NEVER ADD WATER to any sample. NEVER mix several host species in a single bag; AVOID LOOSE SOIL.
4. Send specimens IMMEDIATELY after collecting. If hold-over periods are encountered, keep the specimen in a refrigerator. Mail packages to arrive on weekdays (Monday through Friday) rather than during weekends or holidays.
5. Protect specimens from being crushed in the mail by adding newspaper or some cushioning material, inside of a rigid box.
6. If general decline or dying of plants is observed, send WHOLE PLANTS showing EARLY SYMPTOMS, with roots. DIG UP CAREFULLY. Send 5-6 plants. DEAD PLANTS ARE USELESS for examination.
7. When not possible to send whole plants, always send generous samples of aboveground portions showing all stages of symptoms. In the case of large ornamentals, shrubbery, evergreens, and small trees, please include a handful of FEEDER ROOTS.
8. When localized infections such as cankers, leaf spots, and rots are involved, send specimens representing early and moderate stages of disease. For cankers, include healthy portions from above and below disease area.
9. When sending greenhouse crops, include a sample of the propagation mix in a separate plastic bag.

For Plant or Weed Identification:

1. Enclose \$15.00 fee with check made out to University of Vermont.
2. SEND GENEROUS AMOUNTS of material; ENCLOSE IN PLASTIC BAGS; NEVER ADD WATER to any sample. NEVER mix several host species in a single bag; AVOID LOOSE SOIL.
3. Include flowers and fruits as well as leaves.
4. Send specimens IMMEDIATELY after collecting. If hold-over periods are encountered, keep the specimen in a refrigerator. Mail packages to arrive on weekdays (Monday through Friday) rather than during weekends or holidays.

For Plant Insect Identification:

1. GIVE COMPLETE INFORMATION on **UVM PLANT DIAGNOSTIC CLINIC SPECIMEN FORM**.
2. Enclose \$15.00 fee with check made out to University of Vermont.
3. Send specimens IMMEDIATELY after collecting. If hold-over periods are encountered, keep the specimen in a refrigerator. Mail packages to arrive on weekdays (Monday through Friday) rather than during weekends or holidays.
4. Insect specimens can be placed dry in a small box or glass jar. Cushion the specimen so that it won't be damaged. Do not add water.
5. PLEASE only Plant Insects. No household, structural, or animal insects can be identified.

SEND TO:

Plant Diagnostic Clinic
63 Carrigan Drive
University of Vermont
Burlington, VT 05405

Questions? Contact Ann Hazelrigg at ann.hazelrigg@uvm.edu or (802) 656-0493