University of Vermont Extension
College of Agriculture and Life Sciences

Plant Diagnostic Clinic

University of Vermont – Plant Diagnostic Clinic

PLANT SPECIMEN SUBMISSION FORM

SAMPLE ID.
RECEIVED DATE.
REPORTED (initials/date).

Plant disease diagnosis is a team effort and begins with the submission of a good-quality specimen accompanied by complete information. Please follow these guidelines to provide the best sample possible. If the sample is insufficient for diagnosis, you will be asked to submit a new sample. If you have any questions, please email Giovanna Sassi (gsassi@uvm.edu) or Ann Hazelrigg (ann.hazelrigg@uvm.edu)

COLLECTION:

1. ***DO NOT*** send dry or dead material.
2. Collect several samples showing various stages of symptom expression. Include a healthy plant if possible.
3. When the whole plant can't be collected, select sample from the margin of the diseased as well as healthy areas.
4. Dig plants out of the soil, DO NOT PULL. DO NOT wash roots. Gently shake excess soil from roots.
5. For turfgrass, select a 2-4" sample (including at least 2" of soil) from the margin of the diseased area.
6. Wrap sample in dry paper towel or newspaper and place in a paper or plastic bag. Never add moisture to any sample.
7. Submit this completed **PLANT SPECIMEN SUBMISSION FORM** to avoid delayed diagnosis due to insufficient details.

PACKING:

1. Keep sample cool prior to shipment.
2. Pack the sample carefully in a sturdy box or padded envelope. Be sure not to crush specimens.
3. Address package to: **University of Vermont-Plant Diagnostic Clinic**
   63 Carrigan Drive
   Burlington, Vermont 05405
4. Mail immediately (overnight delivery is recommended). Avoid mailing over weekends and holidays. Samples can also be dropped off at the UVM PDC at 201 Jeffords Hall, 63 Carrigan Drive, Burlington, VT.
   It is always helpful to let us know to expect a package by emailing: ann.hazelrigg@uvm.edu

GROWER/SUBMITTER NAME/FARM NAME (required)
ADDRESS
CITY / STATE / ZIP (required)
TELEPHONE (required)
EMAIL (required)
HOST PLANT (required)
VARIETY
AGE OF PLANT/PLANTING DATE
WHEN DID SYMPTOMS FIRST APPEAR
NUMBER OR PERCENT OF PLANTS AFFECTED
CHEMICAL OR FERTILIZER APPLICATION
PAST PROBLEMS/ CROP ROTATION HISTORY (LAST 3 YEARS)
DATE OF SAMPLE COLLECTION (required)

BRIEFLY STATE THE PROBLEM AND ASK A SPECIFIC QUESTION YOU WOULD LIKE TO HAVE ANSWERED

CHECK ALL THAT APPLY

PLANT PARTS AFFECTED

- ▫ ROOTS/CROWN
- ▫ STEM/BRANCH
- ▫ LEAVES
- ▫ FLOWERS
- ▫ FRUIT
- ▫ SEED
- ▫ BULBS/CORMS/TUBERS
- ▫ OTHER

GROWTH CONDITIONS

- ▫ WET/HUMID
- ▫ DRY/DROUGHT
- ▫ FROST/FREEZE/COLD DAMAGE
- ▫ AIR CIRCULATION: POOR OR GOOD
- ▫ DRAINAGE: POOR OR GOOD
- ▫ PLANT SPACING: TIGHT OR AMPLE
- ▫ LIGHT: SHADE OR AMPLE
- ▫ OTHER:

SYMPTOMS

- ▫ BLIGHTS
- ▫ BLISTERS/PUSTULES/RUST
- ▫ CANKER
- ▫ CHLOROSIS/YELLOWING
- ▫ CURLING
- ▫ DIEBACK/ DEFOLIATION
- ▫ DISTORTION/ MOTTLE/STIPPLE
- ▫ ERINEUM GALLS/FELT PATCH
- ▫ GALLS/SWELLINGS
- ▫ MOSAIC
- ▫ NECROSIS/ROT
- ▫ OOZE/STREAMING
- ▫ SCAB
- ▫ SPOTS/BLOTCHES
- ▫ STRIPES
- ▫ STUNTING
- ▫ WILT
- ▫ OTHER:

LOCATION

- ▫ FIELD
- ▫ GREENHOUSE
- ▫ INDOORS
- ▫ HOME GARDEN
- ▫ NURSERY
- ▫ DRIVEWAY
- ▫ OTHER:

SYMPTOM DISTRIBUTION

- ▫ SPREADING
- ▫ CLUSTERED/LOCALIZED
- ▫ RANDOMLY SCATTERED
- ▫ EDGE of ROW
- ▫ GRADUAL
- ▫ SUDDEN
- ▫ OTHER: