University of Vermont – Plant Diagnostic Clinic

PLANT SPECIMEN SUBMISSION FORM

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

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)

COLLECTION:

1. ***DO NOT*** send dry or dead material. Include all plant parts if possible: roots, stem, fruit, leaves, twigs or cones.
2. Collect several samples showing various stages of symptom expression. Include a healthy plant if possible.
3. Dig plants out of the soil, DO NOT PULL. ***DO NOT*** wash roots. Gently shake excess soil from roots.
4. Wrap sample in dry paper towel or newspaper and place in a paper or plastic bag. Never add moisture to any sample.
5. 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. Enclose check for $15 payable to UVM Plant Diagnostic Clinic
5. Mail immediately (overnight delivery is recommended). Avoid mailing over weekends and holidays.
6. 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: gsassi@uvm.edu

CONTACT INFORMATION

GROWER/SUBMITTER NAME/FARM NAME (required) .....

ADDRESS ..... ZIP (required) ..... CITY ..... STATE .....

TELEPHONE (required) ..... EMAIL (required) .....

SAMPLE INFORMATION

PLANT/HOST (required) ..... VARIETY .....

COLLECTION DATE (required) ..... AGE OF PLANT/PLANTING DATE .....

WHEN DID SYMPTOMS FIRST APPEAR ..... NUMBER/PERCENT OF PLANTS AFFECTED .....

CHEMICAL OR FERTILIZER APPLICATION .....

CHECK ALL THAT APPLY (required)

PLANT PARTS AFFECTED:

- ☐ ROOTS / CROWN
- ☐ STEM / BRANCH
- ☐ LEAVES
- ☐ FLOWERS
- ☐ FRUIT
- ☐ SEED
- ☐ BULBS/CORMS/TUBERS
- ☐ OTHER: .....

SYMPTOMS:

- ☐ BLIGHTS
- ☐ CHLOROSIS / YELLOWING
- ☐ DIEBACK / DEFOLIATION
- ☐ DISTORTION / CURLING
- ☐ GALLS / SWELLINGS
- ☐ OOZE / STREAMING
- ☐ SPOTS / BLOTCHES
- ☐ STUNTING
- ☐ WILT
- ☐ OTHER: .....

CIRCLE ALL THAT APPLY (required)

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: .....

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

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SAMPLE FEE:
$15
Payable By Check.
Please enclose with sample