

Plant disease diagnosis is a team effort and begins with the submission of a **good-quality** specimen accompanied by **accurate** and **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 call before submitting your sample 802-656-0493.

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. **It is always helpful to let us know to expect a package by emailing: ann.hazlerigg@uvm.edu**

GROWER/SUBMITTER NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTY		
TELEPHONE		
EMAIL		

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

HOST PLANT
VARIETY
AGE OF PLANT/PLANTING DATE
WHEN DID SYMPTOMS FIRST APPEAR
NUMBER OR PERCENT OF PLANTS AFFECTED
CHEMICAL OR FERTILIZER APPLICATION TYPE AND FREQUENCY
PAST PROBLEMS/ CROP ROTATION HISTORY (LAST 3 YEARS)
DATE OF SAMPLE COLLECTION

CHECK ALL THAT APPLY	
PLANT PARTS AFFECTED <input type="checkbox"/> ROOTS/CROWN <input type="checkbox"/> STEM/BRANCH <input type="checkbox"/> LEAVES <input type="checkbox"/> FLOWERS <input type="checkbox"/> FRUIT/SEED OTHER:	SYMPTOMS <input type="checkbox"/> WILT <input type="checkbox"/> CHLOROSIS <input type="checkbox"/> SPOTS/BLIGHTS <input type="checkbox"/> DISTORTION/MOSAIC/MOTTLE <input type="checkbox"/> STUNTING <input type="checkbox"/> CANKER/GALLS/BLISTERS <input type="checkbox"/> NECROSIS/ROT <input type="checkbox"/> DIEBACK/DEFOLIATION OTHER:
SYMPTOM DISTRIBUTION <input type="checkbox"/> SPREADING <input type="checkbox"/> CLUSTERED/LOCALIZED/RO <input type="checkbox"/> RANDOMLY SCATTERED <input type="checkbox"/> ONLY CERTAIN PLANT <input type="checkbox"/> GRADUAL <input type="checkbox"/> SUDDEN OTHER:	LOCATION <input type="checkbox"/> COMMERCIAL FIELD <input type="checkbox"/> GREENHOUSE <input type="checkbox"/> INDOORS <input type="checkbox"/> HOME GARDEN <input type="checkbox"/> NURSERY <input type="checkbox"/> LAWN OTHER:
GROWTH CONDITIONS <input type="checkbox"/> WET/HUMID/POOR DRAINAGE <input type="checkbox"/> DRY/DROUGHT <input type="checkbox"/> FROST/FREEZE/COLD DAMAGE <input type="checkbox"/> AIR CIRCULATION: POOR OR GOOD <input type="checkbox"/> PLANT SPACING: TIGHT OR AMPLE <input type="checkbox"/> TEMPERATURE (°F) _____ OTHER:	