



Cornell University

Plant Submission Form

Cornell Cooperative Extension
Monroe County

2449 Saint Paul Blvd
Rochester, NY 14617
Ph. (585) 753-2550 Fax (585) 753-2560
Email: monroe@cornell.edu
http://cce.cornell.edu/monroe
http://cce.cornell.edu/monroe

Name _____ Phone: _____
Address _____ Email: _____
City _____ Zip _____

Lab File #: _____
Internal Use Only

Plant Name _____
Date Sample Collected _____
Approx. time symptoms began _____
Homeowner Commercial

Cornell Cooperative Extension is a subordinate government agency and required to comply with federal government record-keeping and reporting requirements. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. Please assist by checking the appropriate designation in each area:

Gender: Male Female Other Race: Hispanic or Latino Non-Hispanic Other
Ethnicity: African American/Black White Native American Asian Pacific Islander Other

Provide as much information as possible

Table with Soil Type (Sandy, Loam, Clay, Potting Soil) and Drainage (Well Drained, Mod. Drained, Poorly Drained) columns.

Table with Plant Location (Garden, Landscape, Indoor, Roadside) and Light Exposure (Sun, Partial sun, Shade) columns.

Table with Symptoms (Leaf spot, Leaf yellowing, Leaf scorch, Leaf drop, Branch dieback, Wilt, Fruit decay, Root rot) columns.

Table with Parts Affected (Leaves, Branches, Trunk, Roots, Flowers) and Age (Recently planted, Well established, Mature) columns.

Table with Distribution on Plant (Top, Middle, Bottom, Scattered, New growth, Older growth) and Direction of Damage (North, South, East, West) columns.

Construction (distance from trunk & when) _____ Flooding _____
Watering frequency _____ Mulch (type and depth) _____
Chemicals or fertilizers _____
Date applied _____ Rate applied _____

Diagnostician _____ Date _____ Email Date _____

Building Strong and Vibrant New York Communities