Cornell Cooperative Extension
Monroe County

Plant Submission Form

Fee: $20 cash/check, $21 credit card / PayPal

Diagnostic Clinic - Plant Sample

Diagnostic Clinic
Cornell Cooperative Extension
2449 St. Paul Blvd
Rochester, NY 14617
585) 753-2550
monroe@cornell.edu

Box 1.

Customer Name: _____

Home Address: _____

Phone: _____ Email *(legible)*: _____

For Internal Use Only
Lab File #: _____
Diagnostician: _____
Date Analyzed: _____
Date emailed: _____
Findings: _____

Box 2. *We are required to comply with federal government reporting requirements. Please check all appropriate boxes. The data will be kept confidential and used solely for analytical and reporting purposes.*

Gender: ☐ Male ☐ Female ☐ Other **Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic ☐ Other

Race: ☐ White ☐ African American/Black ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other

Box 3. *Provide as much information about your plant as possible (Circle all that applies)*

Plant Name _____ **Date Sample Collected** _____

Approx. time symptoms began _____ Percent Plant Affected _____

Distribution on the plant: Top Middle Bottom Scattered New Growth Older Growth

Symptoms: Leaf spot Yellow Leaves Leaf Drop Leaf Scorch Branch dieback
Wilt Root Rot Fruit decay

Plant Parts Affected: Leaves Branches Trunk Flowers Fruit

Plant Maturity: Newly planted Well-Established Mature

Location: Garden Landscape Roadside Indoor

Light Exposure: Sun Part Sun Shade

Soil Type: Sandy Loam Clay Potting Soil

Soil Drainage: Good Moderate Poor

Soil Compaction: Loose Moderate Compacted

Watering Frequency: _____ Fertilizer Application: Date _____ Rate _____

Mulch: Yes No Construction (if any) distance to the Trunk / Roots: _____

Other details you wish to provide: _____