

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 146177
585) 753-2550
monroe@cornell.edu

Box 1.

Customer Name: _____
Home Address: _____
Phone #: _____ Your (legible) Email: _____

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: _____	