



Plant Disease Clinic
106 Price Hall, 170 Drillfield Dr.
Virginia Tech, Blacksburg, VA 24061-0331
<https://spes.vt.edu/affiliated/plant-disease-clinic.html> or
<https://bit.ly/VTplantclinic>

FOR CLINIC USE ONLY

Sample No. _____
Date Rec. _____
Fee: DD: _____ CN: _____ Pend: _____
Sample receipt sent: _____

Submit samples, this completed form, and a copy of a payment receipt to the address listed above. For sample collection, packaging, and step-by-step instructions on completing this form, and how to pay the fee, visit the Plant Disease Clinic website at <https://bit.ly/VTplantclinic>. Your local extension office can assist in submitting the fee. By submitting a sample and this form, you signify that you have read and agree to our Terms and Conditions at <https://bit.ly/41qTg1M>.

1. Date Collected _____ Pclinic upload ID:U- _____
2. Plant _____ Cultivar/Variety _____
3. Submitter or Extension Agent/Staff _____
Email _____ Phone _____
4. Grower _____ Grower email _____
Address _____ County _____ Phone _____
5. Briefly describe the symptoms and state the specific question you want answered. What do you suspect?

6. Do you want a control recommendation for:

- 6A. Home landscape/garden Commercial production Lawn/landscape professional other
6B. No pesticide Organic preferred Certified Organic Conventional

7. Plant Part Affected	General Appearance	Disease Distribution	Location	
<input type="checkbox"/> roots	<input type="checkbox"/> wilted	<input type="checkbox"/> general	<input type="checkbox"/> field/farm	<input type="checkbox"/> golf course
<input type="checkbox"/> crown	<input type="checkbox"/> yellowed	<input type="checkbox"/> in spots or groups	<input type="checkbox"/> garden	<input type="checkbox"/> sod farm
<input type="checkbox"/> stem or branch	<input type="checkbox"/> stunted	<input type="checkbox"/> certain cultivar	<input type="checkbox"/> landscape	<input type="checkbox"/> Christmas tree farm
<input type="checkbox"/> leaves	<input type="checkbox"/> stained/streaked	<input type="checkbox"/> in low areas	<input type="checkbox"/> nursery	<input type="checkbox"/> vineyard
<input type="checkbox"/> flower	<input type="checkbox"/> leaf spot/blight	<input type="checkbox"/> upland areas	<input type="checkbox"/> greenhouse	<input type="checkbox"/> orchard
<input type="checkbox"/> fruit	<input type="checkbox"/> leaf mottle		<input type="checkbox"/> athletic field	<input type="checkbox"/> forest
<input type="checkbox"/> seeds	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> indoor plant

8. Symptoms first noticed, date _____ Occurrence in previous years: No Yes Unknown
9. Size of total planting: Acres _____ square feet _____ OR number of plants _____
10. Percent of planting affected _____ OR number of plants affected _____

11. Last year's crop _____ Crop planted for next year _____

12. Past weather conditions: normal rainy dry hot cold other
Have plants been irrigated? yes no If yes, how often? _____ and how much? _____

13. Soil:

Type	Terrain	Drainage	Soil-less	Mulch
<input type="checkbox"/> sandy	<input type="checkbox"/> sloped	<input type="checkbox"/> good	<input type="checkbox"/> pinebark	<input type="checkbox"/> bark chips
<input type="checkbox"/> clay	<input type="checkbox"/> level	<input type="checkbox"/> poor	<input type="checkbox"/> peat moss	<input type="checkbox"/> plastic
<input type="checkbox"/> loam	<input type="checkbox"/> loam	<input type="checkbox"/> unsure	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

14. Date of last soil test _____

15. Chemicals and/or pesticides applied, including method of application, rate and date last applied:

Fertilizer _____ none unknown
Fungicide _____ none unknown
Insecticide _____ none unknown
Herbicide _____ none unknown
Herbicide previous year _____ none unknown
Growth regulator _____ none unknown
Nematicide _____ none unknown
Nematicide previous year _____ none unknown

16. Complete this section for **Woody Plants** (trees, shrubs, woody vines, including grapevines and fruit trees):

- Approximate age _____ height _____ stem diameter _____
- Canopy: few or no dead limbs 20-50% dead limbs 50% or more dead limbs
- Number of years in present site: less than 1 less than 2 less than 10 greater than 10
- Exposure: full sun partial sun full shade windy protected
- Condition of trunk: healthy light damage heavy damage
- Describe: _____
- Root Damage or soil disturbance (e.g. sidewalks, driveways, trenches, retaining walls, compaction or other activities)? Describe: _____
- Fruit trees and grapevines: root stock _____ fruit bearing age non-bearing age

17. Use the following space to provide additional details not captured in the previous questions.

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