Note: Please complete this entire form before submitting specimen(s). This will ensure more timely and accurate diagnosis.

University of Illinois Plant Clinic
1102 S. Goodwin Ave.
217-333-0519

PLANT CLINIC SPECIMEN DATA FORM
Date Received _____________________

Submitted by ___________________________ Respond to: ___________________________
Grower ___________________________ Address ___________________________
Commercial ____ Home Grower ____ Consultant ____

Crop or Plant __________ Variety __________ Phone __________ E-mail _______________________

Appearance of Plant Parts:
Roots: normal ____ poor growth ____ galls or swellings ____ discolored ____ rotted or decayed ____ other____________________

Stem, trunk, or branches: normal ____ poor growth ____ galls or swellings ____ cankered ____ external discoloration ____

top dieback ____ cracked ____ rotted or decayed ____ other_________________________________________________

Leaves: normal ____ abnormal growth ____ galls or swellings ____ wilted ____ falling prematurely ____

spotted or blighted ____ yellowed ____ mottled ____ rotted ____ shotholed ____ other_____________________________________

Fruit or flowers: normal ____ abnormal growth ____ spotted ____ rotted ____ mottled ____ other____________________________

Condition Appears: Serious ____ Potentially serious ____ Minor ____

Distribution: scattered plants ____ Groups of plants ____ Most planting ____ In low areas ____ Slopes ____

No association with terrain ____ Other ____________________________________________________________________

Symptoms Appeared in Past: ____ days; ____ weeks; ____ months

Conditions Prior to Symptom Development: Temperature Range ________ Rainfall Amount ________ Humidity ________

Storms with high winds ____ Hail ____ Blowing soil ____ Lightning ____

Soil Type or Mix: _______________ Organic matter % pH ______________

Planting History: Crop two years previous _______________ One year previous _______________

Year current crop last planted in this area _______________ Did problem occur previously? _______________

Tillage History: ___________________________________________________________________________________________

Soil Test Information __________________________ Type of nitrogen used __________________________

Chemicals Applied This Year: Fertilizer __________________________________________________________

Herbicide(s) & rates __________________________ Type of application __________________________

Herbicide(s) previous year __________________________ Insecticide(s) __________________________

Fungicide(s) __________________________ Nematicide(s) __________________________

SUSPECTED PROBLEM AND COMMENTS:

Do Not Write Below This Line