

UNIVERSITY OF ILLINOIS Plant Clinic



S-417 Turner Hall • 1102 S. Goodwin • Urbana, IL 61801 • (217) 333-0519 • web.extension.illinois.edu/plantclinic

Diagnostic Sample Submission Form

Submitter _____
Grower _____
County _____
 Commercial Home Grower

Send Response To:

Name _____
Address _____

OFFICE USE ONLY
Sample ID No. _____
Date Received _____
Date Paid _____
Payment _____

Phone (_____) _____
Email _____

Submission Observations:

Crop or Plant Name _____ Variety of Plant _____
Approx. Age & Size of Plant _____ When did Symptoms Appear? _____
Rainfall Prior to Symptoms _____ Temp. Prior to Symptoms _____

Describe overall pattern of affected plants in the field, nursery or landscaped area:

Describe the symptoms of one affected plant:

Describe condition of nearby species:

Planting History:

Crop Two Years Ago _____ Crop Last Year _____
Soil Type _____ Soil pH _____ % Organic Matter _____
Fertilizer this Year _____ Date _____ Method _____
Fungicide/Antibiotic this Year _____ Date _____ Method _____
Herbicide this Year _____ Date _____ Method _____
Insecticide this Year _____ Date _____ Method _____
Nitrogen this Year _____ Date _____ Method _____
Chemicals Applied Last Year _____