



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>

<b>FOR CLINIC USE ONLY</b>		
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>.

- Date Collected \_\_\_\_\_ Pclinic upload ID:U- \_\_\_\_\_
- Plant \_\_\_\_\_ Cultivar/Variety \_\_\_\_\_
- Submitter  or Extension Agent/Staff  \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_
- Grower \_\_\_\_\_ Grower email \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_
- 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

- Symptoms first noticed, date \_\_\_\_\_ Occurrence in previous years:  No     Yes     Unknown
- Size of total planting: Acres \_\_\_\_\_ square feet \_\_\_\_\_ OR number of plants \_\_\_\_\_
- 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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