CAES
The Connecticut Agricultural Experiment Station
Putting Science to Work for Society since 1875

The Connecticut Agricultural Experiment Station
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PLANT DISEASE INFORMATION OFFICE
SAMPLE SUBMISSION FORM

Name: _____
Business: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Cell: _____
Email: _____

FOR OFFICE USE ONLY	
Sample Number	
Date Received	
Date Reported	
Diagnosis	
Diagnosed by	
Responded via	

Origin: ☐ Homeowner ☐ Grower ☐ Landscaper/Arborist ☐ Other

Sample For: ☐ Disease Diagnosis ☐ Plant Identification ☐ Weed Identification

Plant: _____ _____
Common and/or Scientific Name — Cultivar or Variety

DESCRIPTION OF PROBLEM

_____
_____
_____

Symptoms	Age of Plant or Planting	Distribution of Problem	Nature of Planting	Additional Information	
wilting ☐	1-6 months ☐	entire planting ☐	yard ☐	When did problem appear?	
blight ☐	6 months-1 year ☐	random ☐	field ☐		
leaf spot ☐	1-3 years ☐	edge of planting ☐	nursery ☐		
galls ☐	3-5 years ☐	wet areas ☐	greenhouse ☐	Did problem occur gradually?	
rot ☐	more than 5 years ☐	dry areas ☐	orchard ☐		
dieback ☐	**Affected Parts**	high areas ☐	forest ☐		
streak ☐	stems ☐	low areas ☐	indoor ☐	Number of plants affected	
yellowing ☐	leaves/needles ☐	sunny areas ☐	**Soil Type**		
marginal burn ☐	branches/twigs ☐	shaded areas ☐	sandy ☐		
mosaic ☐	fruits ☐	**Drainage**	clay ☐	Irrigation type and frequency?	
leaf drop ☐	roots/bulb ☐	good ☐	loamy ☐		
Other:	flowers ☐	fair ☐	potting mix ☐		
	entire plant ☐	poor ☐	mulch ☐		

Use of Pesticides/Fertilizers (rate and date/s of application)

_____
_____

NOTES

_____
_____
_____