CORNELL UNIVERSITY

Sample Submission

Plant Pathology DEPARTMENT

Mail to: Plant Disease Diagnostic Clinic, 334 Plant Science Bldg, Ithaca, NY 14853 ph:(607) 255-7850
Please enclose a check for $25.00 ($40.00 for Turf, Virus, or Nematode;$55.00 for Turf w/Nematode)

Referring Agent (e.g. Cooperative Extension Agent, Consultant, Arborist...)	**Home or business location where sample was taken**
Organization/Business:	**Commercial Grower** ☐ ☐ **Homeowner**
Agent/Consultant	Name/ Business
Address	Person to contact
City	Address
Phone	City State
Fax	phone fax
	email
	County

Describe Nature and extent of problem: **collection date**

Scientific Name (if known)

Host Common Name

Disease Symptoms:
- wilting ☐
- yellowing ☐
- galls ☐
- dieback ☐
- rot ☐
- marginal burns ☐
- leaf/needle drop ☐
- leaf spots ☐
- streak ☐
- mosaic ☐
- blight ☐

Affected Parts :
- stems ☐
- roots ☐
- leaves ☐
- flowers ☐
- fruit ☐

Soil Type:
- sandy ☐
- loam ☐
- potting ☐
- mix ☐
- clay ☐
- mulch ☐

Distribution:
- entire field ☐
- edge of field ☐
- random ☐
- high areas ☐
- low areas ☐
- wet areas ☐
- dry areas ☐
- sunny area ☐
- shaded area ☐
- next to drive ☐
- feet away ☐

Planting:
- field ☐
- nursery ☐
- yard ☐
- orchard ☐
- greenhouse ☐
- forest ☐
- indoor ☐
- hydroponic ☐

Drainage
- good ☐
- fair ☐
- poor ☐

- When did problem first occur?
- Is it getting worse?
- How long did you own the plant?
- Age of plant?
- When last transplanted ?
- How often waterd?

Cropping History

Acres or number affected. % loss

Chemicals/Fertilizers
(give rate and time of application)

Date Received at the Diagnostic Lab.