

# Pathology Questionnaire/Submittal Form

## QUESTIONS TO ANSWER

1. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Name/Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Plant/Crop affected: \_\_\_\_\_  
Variety: \_\_\_\_\_  
Age: \_\_\_\_\_
3. Type of planting: ( ) commercial; ( ) greenhouse;  
( ) nursery; ( ) residential; ( ) field;  
other: \_\_\_\_\_
4. Planting site (for landscape only): ( ) street side; ( ) lawn;  
( ) ground bed; ( ) terrace; ( ) patio; ( ) indoor
5. Distribution of disease: ( ) scattered; ( ) localized;  
( ) uniform; ( ) on slopes; ( ) high spots; ( ) low spots
6. Percentage of plants affected: \_\_\_\_\_
7. Part of plant affected: ( ) roots; ( ) stem/trunk; ( ) seed;  
( ) branch/twigs; ( ) leaves; ( ) bulb/corm; ( ) flower  
( ) fruit; ( ) entire plant; other: \_\_\_\_\_
8. General symptoms: ( ) malformation; ( ) canker;  
( ) dieback; ( ) galls; ( ) spots; ( ) marginal burn;  
( ) gumming; ( ) stunting; ( ) wilting; ( ) mosaic/mottling;  
( ) yellowing; ( ) shot hole; ( ) defoliation; ( ) tip burn
9. When and where were symptoms first observed? \_\_\_\_\_  
\_\_\_\_\_
10. Disease situation: ( ) progressive; ( ) relatively stable  
Other: \_\_\_\_\_

11. Effect on plant: ( ) slight; ( ) moderate; ( ) severe;  
Other: \_\_\_\_\_
12. Soil type: ( ) heavy clay; ( ) clay-loam; ( ) loam;  
( ) sandy; ( ) rocky; ( ) container media
13. Drainage: ( ) good; ( ) medium; ( ) poor
14. Weather (past two weeks):  
( ) Rain:  
amount \_\_\_\_\_  
frequency \_\_\_\_\_  
relative humidity \_\_\_\_\_  
( ) Cloudy  
( ) Partly cloudy  
( ) Sunny  
( ) Unseasonably hot  
( ) Unseasonably cold  
( ) Wind – ( ) low; ( ) moderate; ( ) high
15. Chemicals applied: (rates, dates & methods of application):  
Fertilizers \_\_\_\_\_  
Fungicides \_\_\_\_\_  
Herbicides \_\_\_\_\_  
Insecticides \_\_\_\_\_  
Other \_\_\_\_\_
16. Evidence of insect activity? ( ) yes ( ) no
17. General disturbances: ( ) gas leak; ( ) construction near by;  
( ) soil added or removed from around plants;  
( ) excavation nearby? \_\_\_\_\_ feet away  
( ) other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SEND SAMPLES TO:**  
Soil and Plant Laboratory  
4741 E. Hunter Ave.  
Suite A  
Anaheim, CA 92807  
714.282.8777

**ANALYTICAL RESULTS**  
I would like my sample results:

\_\_\_\_ Faxed

\_\_\_\_ Emailed