



Soil and Plant Laboratory, Inc.

DISEASE SAMPLE SUBMITTAL INFORMATION

1. Owner/Grower: _____
Location/Address: _____
Phone No. () _____ Fax No. () _____
2. Plant/crop affected: _____ Variety: _____
Age: _____
3. Type of planting: () commercial; () greenhouse; () nursery; () residential; () field;
other _____
4. Planting site [for landscape only]: () street side; () ground bed; () terrace; () patio; () indoor;
() lawn
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; () branch/twigs; () leaves; () bulb/corm; () seed;
() 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; other: _____
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 2 wks): 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? _____ ft. away. Other: _____