PLANT DISEASE DIAGNOSTIC FORM

Gulf Coast Research & Ed. Center
ATTN: Plant Diagnostic Clinic
14625 County Road 672
Wimauma, FL 33598

Phone: (813) 419-6599
E-mail: ufgulfcoastpdc@ifas.ufl.edu

Sample # _____
Date received _____
Reply _____
Disease_____
Genus _____
Species _____

Invoice #_____
Paid _____

$40 per sample payable by Credit Card or Check (make out your check to the "University of Florida")

GROWER INFORMATION	**SUBMITTED BY (if different)**
Name _____	_____
Farm/Company _____	_____
City & State _____	_____
County _____	_____
Phone _____	_____
Email _____	_____

☐ Commercial grower ☐ Home grower ☐ Consultant ☐ Extension agent ☐ Researcher

SAMPLE INFORMATION:

Plant or Crop _____ Variety _____

Sample source: Field ☐ Greenhouse ☐ Nursery ☐ Yard ☐ Other_____

Nursery Source (when applicable) _____ Planting date: _____

What's symptoms were observed in your plants: _____

_____

How much of your crop is affected? _____

How long have you noticed this problem? _____

How is the problem distributed? (Random plants.... patchy spots.... certain beds.... low areas.... etc.)

_____

What pesticides have you applied recently? _____

Other comments or instructions for the diagnostician _____

_____

DIAGNOSTIC WORKSHEET (For laboratory use only) **SAMPLE NUMBER** _____

Out-of-State Sample ☐ **Dates Autoclaved: Sample** _____ **Diag. Cultures**_____

Add to Culture Collection ☐ **CC**ID #_____ Pathogen _____

Sample description_____

Symptoms_____

_____

_____

_____

_____

_____

_____ Photos taken? ___

Disease _____

Pathogen _____

Comments_____

_____

Pathogen isolation (or other test) information:

Date _____ Tissue _____ Media: ___GI, ___PARP, ___NA, _____

Procedure _____

Results _____

_____

_____

_____

_____

Pathogen isolation (or other test) Information:

Date _____ Tissue _____ Media: ___GI, ___PARP, ___NA, _____

Procedure _____

Results _____

_____

_____

_____

_____