Department of Plant Pathology
Plant Disease Clinic

The University of Georgia

COLLEGE OF AGRICULTURAL and ENVIRONMENTAL SCIENCES
Cooperative Extension Services

COMMERCIAL PLANT DISEASE SUBMISSION FORM*

County: _____
Agent: _____
Sample Number: _____
Date (mm/dd/yyyy): _____

Athens Clinic:

Ansuya Jogi (ansuya@uga.edu)
2105 Miller Plant Sci Bldg, 120 Carlton St
Athens, GA 30602-7274
Phone: (706)-542-9157 or 8987
Fax: (706) 542-1262

Tifton Clinic:

Jason Brock (jbrock@uga.edu)
Room 116, 4604 Research Way
Tifton, GA 31793
Phone: (229) 386-7495
Fax: (229) 386-7415

Call (706) 542-9146 to follow-up samples submitted to Athens.   Homepage: http://plantpath.caes.uga.edu/extension/clinic.html

Date (mm/dd/yyyy) _____   Plant Grower/Owner's Name: _____

Plant Name: _____   Address: _____

Variety: _____   _____

Sample Submitted by (Other than Grower/Owner): _____   Phone: _____

e-mail: _____

Grower Category: ☐ Consultant ☐ Farmer ☐ Golf Course ☐ Greenhouse ☐ Landscape
☐ Nursery ☐ Research ☐ Extension Specialist ☐ Other (specify): _____

THE FOLLOWING INFORMATION IS IMPORTANT AND COULD HELP US DIAGNOSE THE PROBLEM CORRECTLY:

1. Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc.

_____
_____
_____
_____

2. Date planted (mm/dd/yyyy): _____   3. Follow-up to DDI sample? (Sample #): _____

4. When did you first noticed this problem? _____   5. How has it spread since then? _____

6. Amount and/or pattern of spread? _____

7. Any other significant problems such as insects, fertility, weeds, etc.? _____

8. Number of plants grown: _____ or Acres: _____   9. Percent of those plants or acres affected: _____

10. Type of Irrigation: _____   Frequency: _____

Is the problem affecting:	**Association with Terrain:**	**Soil Moisture:**	**Soil Type:**	**Weather Conditions:**	**Temperature:**
☐ Scattered plants	☐ No Association	☐ Dry	☐ Clay	☐ Dry	☐ Cold
☐ Group of plants	☐ In low areas	☐ Moist	☐ Loam	☐ Humid	☐ Moderate
☐ Most of planting	☐ In uplands	☐ Wet	☐ Sandy	☐ Wet	☐ Hot

11. Previous crop(s) one year ago: _____   Two years ago: _____

Problems on previous crops: _____

12. Chemicals Applied (This information may help us determine disease potential):

Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____
Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____
Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____

DIAGNOSIS: _____
_____
_____