



There is a fee for sample submission. Contact your [local Extension office](#) for details on submitting the fee. For more information on sample submission and step-by-step instructions on completing this form visit the [Plant Disease Clinic website](#) at <https://spes.vt.edu/affiliated/plant-disease-clinic.html>.

Submit physical samples to: Plant Clinic, 106 Price Hall, 170 Drillfield Dr., Virginia Tech, Blacksburg, Virginia 24061-0331

1. Date Collected _____ Lab I.D. No. _____

2. Plant _____ Cultivar/Variety _____

3. Extension Agent/Staff albemarlevcehelpdesk@gmail.com; tcostello@vt.edu;
nancyb63@vt.edu; msobbott@vt.edu County _____ Phone _____

4. Grower _____ Grower email _____

Address _____ Phone: _____

5. Briefly describe the symptoms and list any question(s) you want answered:

6. Do you want a control recommendation for:

☐ Home landscape/garden ☐ Commercial production ☐ Lawn/landscape professional ☐ Other _____

7. _____

Plant Part Affected	General Appearance	Disease Distribution	Location	
<input type="checkbox"/> roots	<input type="checkbox"/> wilted	<input type="checkbox"/> general	<input type="checkbox"/> field/farm	<input type="checkbox"/> golf course
<input type="checkbox"/> crown	<input type="checkbox"/> yellowed	<input type="checkbox"/> scattered plants	<input type="checkbox"/> garden	<input type="checkbox"/> sod farm
<input type="checkbox"/> stem or branch	<input type="checkbox"/> stunted	<input type="checkbox"/> in spots or groups	<input type="checkbox"/> landscape	<input type="checkbox"/> Christmas tree farm
<input type="checkbox"/> leaves	<input type="checkbox"/> stained/streaked	<input type="checkbox"/> certain cultivar	<input type="checkbox"/> nursery	<input type="checkbox"/> vineyard
<input type="checkbox"/> flower	<input type="checkbox"/> leaf spot/blight	<input type="checkbox"/> in low areas	<input type="checkbox"/> greenhouse	<input type="checkbox"/> orchard
<input type="checkbox"/> fruit	<input type="checkbox"/> leaf mottle	<input type="checkbox"/> in upland areas	<input type="checkbox"/> athletic field	<input type="checkbox"/> forest
<input type="checkbox"/> seeds	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> indoor plant

8. Symptoms first noticed, date _____ Occurrence in previous years: ☐ No ☐ Yes ☐ Unknown

9. Size of total planting: Acres _____ OR square feet _____ OR number of plants _____

10. Percent of planting affected _____ OR number of plants affected _____

11. Last year's crop _____ Crop planned for next year _____

12. Past weather conditions: ☐ normal ☐ rainy ☐ dry ☐ hot ☐ cold ☐ other _____

Have plants been irrigated? ☐ yes ☐ no If yes, how often? _____ and how much? _____

13. Soil:

Type	Terrain	Drainage	Soil-less	Mulch
<input type="checkbox"/> sandy	<input type="checkbox"/> sloped	<input type="checkbox"/> good	<input type="checkbox"/> pinebark	<input type="checkbox"/> bark chips
<input type="checkbox"/> clay	<input type="checkbox"/> level	<input type="checkbox"/> moderate	<input type="checkbox"/> peat moss	<input type="checkbox"/> plastic
<input type="checkbox"/> loam	<input type="checkbox"/> low	<input type="checkbox"/> poor	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____
<input type="checkbox"/> no till		<input type="checkbox"/> unsure		
<input type="checkbox"/> conventional till				
<input type="checkbox"/> minimal till				

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VT/0921/SPES-351NP (SPES-361NP)

14. Date of last soil test: _____

15. Chemicals and/or pesticides applied, including method of application, rate and date applied:

Fertilizer: _____ ☐none ☐unknown

Fungicide: _____ ☐none ☐unknown

Insecticide: _____ ☐none ☐unknown

Herbicide: _____ ☐none ☐unknown

Herbicide previous year: _____ ☐none ☐unknown

Growth regulator: _____ ☐none ☐unknown

Nematicide: _____ ☐none ☐unknown

Nematicide previous year: _____ ☐none ☐unknown

16. **Complete this section for Woody Plants** (trees, shrubs, woody vines, including grapevines and fruit trees):

➤ Approximate age _____ height _____ stem diameter _____

➤ Canopy: ☐few or no dead limbs ☐20-50% dead limbs ☐50% or more dead limbs

➤ Number of years in present site: ☐less than 2 ☐less than 4 ☐less than 10 ☐greater than 10

➤ Exposure: ☐full sun ☐partial sun ☐full shade ☐windy ☐protected

➤ Condition of trunk: ☐healthy ☐light damage ☐heavy damage

➤ Describe: _____

➤ ☐Root Damage or soil disturbance (e.g. sidewalks, driveways, trenches, retaining walls, compaction or other activities)? Describe: _____

➤ Fruit trees and grapevines: root stock _____ ☐fruit bearing age ☐non-bearing age

DO NOT WRITE BELOW THIS LINE

Date report emailed _____

Date received _____

Common Name _____ Scientific Name _____

Date _____ Extension Plant Pathologist _____