

# Sample Submission Form

## Plant/Pest/Disease Problem Identification

Homeowner	Commercial Grower	Consultant	Landscape	Grower/Farmer
Greenhouse	Nursery	Field Grown		
Do you want organic recommendations?		Yes	No	

**Plant**

**Cultivar/Variety** \_\_\_\_\_

<b>Date Problem First Noticed</b>	<b>Approximate Plate Age</b>
<b>Location</b>	<b>Date Planted</b>

Plant Part	Leaves/Needles Branches	Fruit Roots/Tubers	Stem/Trunk Buds	Flowers
<b>Symptoms</b>				
Wilt	Rot	Stem Canker	Leaf Spots, Scab, Blight	Dead Areas
Abnormal Colour	Abnormal Growth	Fungus-like growth, insects		
<b>Degree of Damage</b>				
Heavy	Medium	Light	% of plant affected	

<b>Exposure</b>	Full Sun	Partial Shade	Windy	Protected
<b>Moisture/Drying/Irrigation</b>				
Overhead/Hand	Drip			
Rainfall Only		<b>Frequency (times/week)</b>		
<b>Location</b>				
Landscape	Flower/Veg Garden	Sideway/Driveway/Street		Greenhouse
<b>Soil Conditions</b>			<b>Terrain</b>	
Good	Moderate	Poor	Sloped	Low

**Chemicals/Fertilisers Applied and Dates**

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**Briefly Describe the Problem**

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<b>Office Use Only</b>	
<b>Diagnosis</b>	Infectious Non-Infectious
<b>Common Name</b>	<b>By</b> _____
<b>Casual Agent</b>	_____
<b>Recommendations</b>	_____