



Cornell Cooperative Extension Schenectady County

PLANT/DISEASE SUBMISSION FORM

Please send samples to address on back — or drop off



Sender's Name _____ Phone _____ Organization _____

Address _____ City _____ State _____ Zip _____

County _____ Email _____

Yes, please add me to your mail/email list

Date Sent _____

Date Received _____

\$5 Fee Received on _____

Describe the nature of the problem below

Collection Date _____

Plant Scientific Name:

Plant Common Name:

Location	Symptoms	Parts Affected	Distribution on Plant	Distribution on Site
<input type="checkbox"/> Garden	<input type="checkbox"/> Wilting	<input type="checkbox"/> Stems	<input type="checkbox"/> Top of plant	<input type="checkbox"/> High areas
<input type="checkbox"/> Nursery	<input type="checkbox"/> Yellowing	<input type="checkbox"/> Leaves/Needles	<input type="checkbox"/> Bottom of plant	<input type="checkbox"/> Low areas
<input type="checkbox"/> Orchard	<input type="checkbox"/> Dieback	<input type="checkbox"/> Branches/Twigs	<input type="checkbox"/> Current season growth	<input type="checkbox"/> Scattered plants
<input type="checkbox"/> Forest	<input type="checkbox"/> Rot	<input type="checkbox"/> Flowers	<input type="checkbox"/> Previous season growth	<input type="checkbox"/> Groups of plants
<input type="checkbox"/> Lawn/Turf	<input type="checkbox"/> Galls	<input type="checkbox"/> Crown	<input type="checkbox"/> One side of plant	<input type="checkbox"/> Wet areas
<input type="checkbox"/> Fruits/seeds	<input type="checkbox"/> Random	<input type="checkbox"/> Root/Bulb/Rhizome	<input type="checkbox"/> Random	<input type="checkbox"/> Dry areas
<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Leaf drop	Media Type	Aspect	<input type="checkbox"/> Windy
<input type="checkbox"/> Field	<input type="checkbox"/> Shedding	<input type="checkbox"/> Sandy	<input type="checkbox"/> North	<input type="checkbox"/> Sunny
<input type="checkbox"/> Interior	<input type="checkbox"/> Blight	<input type="checkbox"/> Loamy	<input type="checkbox"/> South	<input type="checkbox"/> Shaded
<input type="checkbox"/> Pasture	<input type="checkbox"/> Other	<input type="checkbox"/> Clay	<input type="checkbox"/> East	<input type="checkbox"/> Entire field
<input type="checkbox"/> Other		<input type="checkbox"/> Hydroponic	<input type="checkbox"/> West	<input type="checkbox"/> Field edge
			Area Affected	<input type="checkbox"/> Near building, drive road, pool
			<input type="checkbox"/> Acres or Sq. feet:	

How often watered _____ Date problem appeared _____

Approximate age of plant/s _____ Is the problem getting worse? _____

Chemicals/fertilizers (give rate and date of application) _____

Diagnosis (Do not write in this space - for official lab use only)

Diagnosis by _____ Date reply _____

Called back on _____ Spoke to _____

Left message _____ Emailed results _____

How to collect and ship plant samples — or drop off

PLANTS: For general plant problems, try to send several affected plants showing a range of symptoms. Dead plants rarely are informative — avoid sending completely dead plants.

- Try to send entire plants, if possible, since some above-ground symptoms can be attributed to a problem with the lower stem or roots.
- When digging the plants up, try to keep the roots intact with the soil, as a root ball, to help prevent the sample from drying out.
- The root ball should be wrapped in **DAMP (not wet)** paper towels, and wrapped in separate plastic bag (tied off at the stem) to prevent soil from coming in contact with leaves.
- Wrap foliage in **DRY** paper towels (to absorb moisture and to prevent decay), and the entire sample should then be placed in another, loosely folded plastic bag.
- Do not allow leaves, paper tags, or labels to contact with soil.
- Store sample in a cool, dark place until shipped to the lab.

Ship as soon as possible or drop off to:
Cornell Cooperative Extension Schenectady County
107 Nott Terrace, suite 301
Schenectady, NY 12308