



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) _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

Where do I bring samples?

From April-October: Mondays and Thursday, 9 am to Noon

The Sustainable Living Center and Greenhouses
180 PTL Arthur Chaires Lane, Central Park, Schenectady.

We are located next to the tennis courts.

From November-March: Monday and Thursdays, 9 am to Noon

Cornell Cooperative Extension, 107 Nott Terrace,
Suite 301, Schenectady, NY.