



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
☐ Garden	☐ Wilting	☐ Stems	☐ Top of plant	☐ High areas
☐ Nursery	☐ Yellowing	☐ Leaves/Needles	☐ Bottom of plant	☐ Low areas
☐ Orchard	☐ Dieback	☐ Branches/Twigs	☐ Current season growth	☐ Scattered plants
☐ Forest	☐ Rot	☐ Flowers	☐ Previous season growth	☐ Groups of plants
☐ Lawn/Turf	☐ Galls	☐ Crown	☐ One side of plant	☐ Wet areas
☐ Fruits/seeds	☐ Random	☐ Root/Bulb/Rhizome	☐ Random	☐ Dry areas
☐ Greenhouse	☐ Leaf drop	Media Type	Aspect	☐ Windy
☐ Field	☐ Shedding	☐ Sandy	☐ North	☐ Sunny
☐ Interior	☐ Blight	☐ Loamy	☐ South	☐ Shaded
☐ Pasture	☐ Other	☐ Clay	☐ East	☐ Entire field
☐ Other		☐ Hydroponic	☐ West	☐ Field edge
			Area Affected	☐ Near building, drive road, pool
			☐ 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

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Where do I bring samples?

Mondays and Thursday, 9:30 am to Noon

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

We are located next to the tennis courts.