PLANT/DISEASE DIAGNOSTIC REQUEST

Date Sent: ____________

Please send samples to address on back.

Sender’s Name ________________________________ Phone_________________ Organization ________________
Address _______________________________ City ___________________________ State _______ Zip ____________
County _______________________________ Email ______________________________________________________

Describe the nature and extent of the problem:                                                       Collection Date: _________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

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 ___________ Fruits/Seeds ___________ One side of plant ___________ Wet areas ___________
Green ___________ Leaf Spot ___________ Crown ___________ Random ___________ Dry areas ___________
Greenhouse ___________ Leaf Drop ___________ Root/Bulb/Rhizome ___________ Aspect ___________ Windy ___________
Field ___________ Shedding ___________ Media Type ___________ North ___________ Sunny ___________
Interior ___________ Blight ___________ Sandy ___________ South ___________ Shaded ___________
Pasture ___________ Other: ___________ Loamy ___________ East ___________ Entire field ___________
Other: ___________ Clay ___________ West ___________ Field Edge ___________
Artificial ___________ Artificial ___________ Area affected ___________ Near building, drive, ___________
Hydroponic ___________ Hydroponic ___________ Acres or Sq. feet: ___________ road, pool ___________

How often watered: ____________ Date problem appeared: ____________ Approx. age of plants: ____________
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: __________________________
How to collect and ship plant samples:

**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 a 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.

**MUSHROOMS AND FRUITS:** Wrap mushrooms or fruits in dry paper towels or newspaper and place in sturdy box to avoid crushing.

Store sample in a cool, dark place until shipped to the lab. **Ship as soon as possible to:**

**NYSDEC Forest Health Diagnostic Laboratory**  
**Attn: Jessica Cancelliere**  
**108 Game Farm Road**  
**Delmar, NY 12054**

*Thank you for your participation!*