



NYSDEC Forest Health Diagnostic Lab

PLANT/DISEASE DIAGNOSTIC REQUEST

Date Sent: _____

Date received _____

AD# _____

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

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!