

Delaware Cooperative Extension
University of Delaware
Plant Diagnostic Clinic Form

Submit samples and form to:

Plant Diagnostic Clinic
151 Townsend Hall
Department of Plant & Soil Sciences
University of Delaware
Newark, DE 19716-2170
Ph 302-831-1390 Fax 302-831-0605

Office Use Only:

Sample ID #
Date Received
Diagnosis

Reply Completed

County: _____ Date: _____
 Grower/Owner: _____ Submitted by: _____
 Address: _____ Address: _____

Phone: _____ Phone: _____
 Fax: _____ Fax: _____
 E-mail: _____ E-mail: _____

Please fill in form completely – missing information may delay response

Plant/crop common name _____
 Scientific name _____
 Variety _____
 Planting date, age of plant, or size _____
 Source of seed, cutting, transplants _____
 Crop history last year _____ Year before _____
 Approximate date problem first appeared _____
 Did the problem show up all at once or gradually? _____
 Soil type _____ Drainage _____

Circle all that apply:

Symptoms:	Plant Parts Affected:	Distribution on Plant	Distribution:
Leaf Spot	Leaves/Needles	Current Season's Growth	Single Plant
Wilting	Branches/Twigs	Previous Season's Growth	Entire Planting
Yellowing	Stem/Stalk/Trunk	Bottom of Plant	Scattered
Marginal Yellow/Brown	Flowers	Top of Plant	Certain Varieties
Dieback	Fruit/Seed	One Side of Plant	Wet Areas
Root Rot	Crown/Roots	Whole Plant	Dry Areas
Distortion, curling	Bulbs/Tubers	Scattered	Sunny Areas
Stippling, Mosaic	Whole Plant		Shaded Areas
Stunting	Seedling		
Other information _____			

Recent weather conditions _____ Date/amount last rain _____
 Watering/Irrigation practices _____
 Cultural practices _____ Chemicals applied _____
 Has soil been checked for nematodes? Yes No Soil Test? Yes No
 GPS Location if available _____