



# PLANT DISEASE DIAGNOSTIC FORM

Gulf Coast Research & Ed. Center  
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Wimauma, FL 33598  
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Sample #	_____
Date received	_____
Paid \$	_____
Check #	_____
Reply	_____
Disease	_____
Genus	_____
	Conf.    Susp.    Inconcl.
Species	_____
	Conf.    Susp.    Inconcl.

**Laboratory fees are \$40 per sample; make out your check to the "University of Florida"**  
**PLEASE COMPLETE THE AREA BELOW (\*Mandatory Information)**

GROWER INFORMATION	SUBMITTED BY (if different)
Name* _____	_____
Farm/Company* _____	_____
City & State* _____	_____
County* _____	_____
Phone* _____	_____
Email _____	_____
*Commercial grower ___ Home grower ___ Consultant ___ Extension agent ___ Researcher ___	
<b>SAMPLE INFORMATION:</b>	
Plant or Crop* _____	Variety _____
Nursery Source (Strawberry only): _____	Planting Date: _____
*Sample source: Field ___ Greenhouse ___ Nursery ___ Yard ___ Other _____	
*What's wrong with your plant or crop? (Please describe the symptoms)	
_____	
_____	
How much of your crop is affected? _____ How long have you noticed this problem? _____	
How is the problem distributed? (Random plants....patchy spots....certain beds.... low areas....etc.)	
_____	
What pesticides have you applied recently? _____	
Other comments or instructions for the diagnostician _____	
_____	

