



PLANT DISEASE DIAGNOSTIC FORM STRAWBERRY ONLY

Gulf Coast Research & Ed. Center
ATTN: Plant Diagnostic Clinic
14625 County Road 672
Wimauma, FL 33598

Phone: (813) 419-6599
Email: ufgulfcoastpdc@ifas.ufl.edu

Sample #	_____
Date received	_____
Preliminary report date	_____
Final report date	_____
Disease	_____
Genus	_____
Species	_____
Invoice #	_____
Paid	_____

FSGA member **strawberry** samples - sponsored by FSREF

GROWER INFORMATION	
Name _____	Farm/Company _____
City & State _____	County _____
Phone _____	Email _____
SUBMITTED BY (if not by grower) <input type="checkbox"/> consultant <input type="checkbox"/> extension agent <input type="checkbox"/> researcher	
Name _____	Farm/Company _____
City & State _____	County _____
Phone _____	Email _____

STRAWBERRY SAMPLE INFORMATION	
Variety: _____	Planting date: _____
Where was the sample taken? <input type="checkbox"/> field <input type="checkbox"/> greenhouse <input type="checkbox"/> nursery <input type="checkbox"/> other: _____	
Nursery Source: _____ <input type="checkbox"/> plug <input type="checkbox"/> bare-root	
What's symptoms were observed in your crop: _____	

How much of your crop is affected? _____	How long have you noticed this problem? _____
How is the problem distributed? <input type="checkbox"/> random plants <input type="checkbox"/> patchy spots <input type="checkbox"/> certain beds <input type="checkbox"/> low areas	
<input type="checkbox"/> other (please describe): _____	
What pesticides have you applied recently? _____	
Other comments or instructions for the diagnostician: _____	
