



PLANT DISEASE DIAGNOSTIC FORM

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

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

Sample # _____
Date received _____
Reply _____
Disease _____
Genus _____
Species _____
Invoice # _____
Paid _____

\$40 per sample payable by Credit Card or Check (make out your check to the "University of Florida")

GROWER INFORMATION	SUBMITTED BY (if different)
Name _____	_____
Farm/Company _____	_____
City & State _____	_____
County _____	_____
Phone _____	_____
Email _____	_____
<input type="checkbox"/> Commercial grower <input type="checkbox"/> Home grower <input type="checkbox"/> Consultant <input type="checkbox"/> Extension agent <input type="checkbox"/> Researcher	
SAMPLE INFORMATION:	
Plant or Crop _____	Variety _____
Sample source: Field <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Yard <input type="checkbox"/> Other _____	
Nursery Source (when applicable) _____	Planting date: _____
What's symptoms were observed in your plants: _____	

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 _____	

DIAGNOSTIC WORKSHEET (For laboratory use only)

SAMPLE NUMBER _____

Out-of-State Sample

Dates Autoclaved: Sample _____

Diag. Cultures _____

Add to Culture Collection **CCID #** _____ **Pathogen** _____

Sample description _____

Symptoms _____

_____ Photos taken? _____

Disease _____

Pathogen _____

Comments _____

Pathogen isolation (or other test) information:

Date _____ Tissue _____ Media: ___GI, ___PARP, ___NA, _____

Procedure _____

Results _____

Pathogen isolation (or other test) Information:

Date _____ Tissue _____ Media: ___GI, ___PARP, ___NA, _____

Procedure _____

Results _____
