



PLANT DISEASE DIAGNOSTIC FORM STRAWBERRY ONLY

Gulf Coast Research & Ed. Center
14625 County Road 672
Wimauma, FL 33598
Phone: (813) 419-6599

Sample # _____
 Date received _____
 Preliminary report date _____
 Final report date _____
 Disease _____
 Genus _____
 Conf. Susp. Inconcl.
 Species _____
 Conf. Susp. Inconcl.

Strawberry samples sponsored by FSREF

GROWER INFORMATION

Name _____ Farm/Company _____
 City & State _____ County _____
 Phone _____ Email _____

SUBMITTED BY (if not by grower) consultant extension agent researcher

Name _____ Farm/Company _____
 City & State _____ County _____
 Phone _____ Email _____

STRAWBERRY SAMPLE INFORMATION

Variety: _____ Planting date: _____
 Where was the sample taken? field greenhouse nursery other: _____
 Nursery Source: _____ plug bare-root
 Pre-plant fumigation: yes no Product (rate): _____
 Crop termination (past season): yes no Product (rate): _____
 Plastic mulch: new second year
 What's wrong with your plant or crop: _____

 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
 other (please describe): _____
 What pesticides have you applied recently? _____
 Other comments or instructions for the diagnostician _____
