



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 **John Doe** Farm/Company **Doe's Farm**
 City & State **Wimauma, FL** County **Hillsborough**
 Phone **(813) 999-9999** Email **john.doe@gmail.com**

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

Name **Jane Smith** Farm/Company **Smith AgConsulting Services**
 City & State **Plant City, FL** County **Hillsborough**
 Phone **(813) 888-8888** Email **jane.smith@agconsulting.com**

STRAWBERRY SAMPLE INFORMATION

Variety: **Radiance** Planting date: **10/01/2019**

Where was the sample taken: field greenhouse nursery other: _____

Nursery Source: **Strawberry River Nursery, North Carolina** plug bare-root

Pre-plant fumigation: yes no Product (rate): **K-pam (62 gpta)**

Crop termination (past season): yes no Product (rate): **Vapam (75 gpta)**

Plastic mulch: new second year

What's wrong with your plant or crop: **Wilting and stunted plants, establishment problems**

How much of your crop is affected? **10% or 1 acre** How long have you noticed this problem: **4 days ago**

How is the problem distributed: random plants patchy spots certain beds low areas
 other (please describe): **areas with poor drainage**

What pesticides have you applied recently? **Ridomil (2 days ago), Abound (3 days ago)**

Other comments or instructions for the diagnostician **Water was shut off 5 days ago**