



PLANT DISEASE DIAGNOSTIC FORM

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

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Sample #	_____
Date received	_____
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"

GROWER INFORMATION	SUBMITTED BY (if different)
Name* _____	_____
Farm/Company* _____	_____
City & State* _____	_____
County* _____	_____
Phone* _____	_____
Email _____	_____
*Commercial grower ___ Home grower ___ Consultant ___ Extension agent ___ Researcher	
SAMPLE INFORMATION:	
Plant or Crop* _____	Variety _____
*Sample source: Field ___ Greenhouse ___ Nursery ___ Yard ___ Other _____	
*Nursery Source (when applicable) _____ Planting date: _____	
*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 _____	

DIAGNOSTIC WORKSHEET (For laboratory use only)

SAMPLE NUMBER _____

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 _____

Culture Collection Information:

<u>Culture collection ID</u>	<u>Date stored</u>	<u>Pathogen</u>
_____	_____	_____
_____	_____	_____