

PLANT DISEASE FORM
GREENHOUSE AND NURSERY PATHOLOGY
UNIVERSITY OF CALIFORNIA, DAVIS

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Sample # _____
Send to:
Dept. of Plant Pathology, Rm. 210
1 Shields Ave. UC Davis
Davis, CA, 95616

County of sample origin _____ Date mailed/delivered _____

Grower/ Farm/ PCA name _____

Submitted by (Farm Advisor) _____

If this is your first time: Phone _____ Email _____

Sample information

Plant _____ Variety _____ Date planted _____

Sample came from: Field/Farm Orchard
 Nursery Greenhouse Vegetable garden
 Christmas tree farm Other:

Soil characteristics: sandy clay loam
 organic hard pan soilless media
 other:

Symptoms: Root: Rot Lesions
Crown/stem/canopy: Rot Lesions Die back Wilt
 Vascular discoloration Canopy bleaching
Leaves: Speckled/ spots Marginal necrosis Mottle
 Chlorosis Deformed Mildew
Flowers: Rot Lesions Color break Deformed
Other symptoms _____

Exposure: full sun partial shade shade
 full shade windy protected

Irrigation type and frequency: _____

Chemicals applied: _____

Date damage first noticed: _____ **Number of years at present site:** _____

% Affected: _____ **Acreage:** _____

Number of plants affected (for potted plants) _____

Distribution of affected plants: single plant grouped scattered edge of field

Previous crops: _____

Advisor's Tentative diagnosis _____

Comments