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 ____________________________________________________________

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

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