

UVM PLANT DIAGNOSTIC CLINIC SPECIMEN FORM
PLANT & WEED IDENTIFICATION ONLY

(See second sheet for instructions ~~how~~ to collect and ship specimens)

GROWER NAME: _____
STREET: _____
CITY: _____
STATE: _____
ZIP CODE: _____
COUNTY: _____

DATE SENT: _____
SUBMITTED BY: _____
CROP OR PLANT: _____
VARIETY: _____

OFFICE USE ONLY
Submitter: _____
Grower: _____

\$15 Service Fee Paid: yes no

F Home Gardener

PROBLEM DESCRIPTION: Check all that apply

<u>Plant Part Affected</u>	<u>General Appearance</u>	<u>Distribution</u>	<u>Location</u>
F roots	F wilted	F throughout field	F field
F stem or branch	F discolored	F scattered plants	F garden
F leaves	F stunted	F in spots	F landscape
F flower	F abnormal growth	F certain variety	F lawn
F fruit/seed	F leaf spot/blight	F in low areas	F nursery
F other _____	F leaf mottling	F upland areas	F greenhouse
	F other _____	F other _____	F orchard
			F forest
			F other _____

Briefly state the problem and ask the specific question you want answered:

GROWTH CONDITIONS:

INSTRUCTIONS FOR COLLECTING, PREPARING, AND MAILING SPECIMENS

For Plant Disease Diagnosis:

1. GIVE COMPLETE INFORMATION on Vermont Plant Diagnostic Clinic Specimen Form.
2. Enclose \$15.00 fee with check made out to University of Vermont.
3. SEND GENEROUS AMOUNTS of material; **ENCLOSE IN PLASTIC BAGS; NEVER ADD WATER** to any sample. NEVER mix several **species** in a single bag. **AVOID LOSS OF SOIL** from bags; **DO NOT** use paper bags; **DO NOT** use newspaper or other paper bags; **DO NOT** use plastic bags that are not labeled "recycled" or "recycled content".