County:
County Extension Agent:
County sample #:
(county use – optional)

Lab	Lab file #:				
use	Date received:				
only	Diagnostician:				
	Date completed:				



Cooperative Extension Service

College of Agriculture, Food and Environment

Plant Disease Diagnostic Identification Form

Note: Also include a supplemental form for tree/shrub or greenhouse/high tunnel samples

Send plant sample with Completed form(s) to:

Plant Disease Diagnostic Laboratory Ag Science Building-North, 1100 South Limestone Street Lexington, KY 40546-0091

Grower				Plant name		
				Cultivar		
Address						
E-mailzip						
				Sample is from □ commercial planting □ residential planting		
Priorie						
Parts Diseased ☐ buds ☐ fruit ☐ roots	☐ flowers ☐ stems ☐ twigs/branches	☐ leaves/needles ☐ trunk	☐ cultivati ☐ field bo	Associated with on patterns □ high, dry area □ shade rders □ low, wet area □ slopes f planting affected □ □ shade		
Symptoms ☐ leaf scorch	☐ stem rot	☐ galls/swellings		lem first noticed		
□ canker □ dieback	☐ mottling☐ root rot	□ stunting □ wilt	Planting d	ate/age of plant		
☐ distortion☐ fruit decay			Soil type	Soil type Soil drainage		
other			Previous o	rop(s)		
Location of Plant			Tillage pra	nctices		
□ field □ float bed □ garden	☐ greenhouse ☐ high tunnel ☐ landscape	□ nursery □ orchard □ indoor/interiorscape	Recent weather & irrigation practices			
□ other			Unusual D	isturbances □ lightning □ hail □construction		
Pattern of Diseases Plants ☐ single plant ☐ group(s) of plants ☐ entire planting ☐ large area(s) ☐ one side of planting ☐ scattered plants			☐ physical			
Chemicals applied	I to this crop (list nai	me, rate & dates of fertilizer	s, herbicides, f	ungicides & insecticides; include seed treatments & other products)		
Chemicals applied to and Gop (not name, rate & dates of fertilizers, networks, fungiciaes & insectiones, include seed treatments & other products)						
Additional information (Optional: Attach one or more printed photos to this form)						