

**Department of Plant Pathology
Plant Disease Clinic**



**COLLEGE OF AGRICULTURAL and
ENVIRONMENTAL SCIENCES**
Cooperative Extension Services

**COMMERCIAL PLANT DISEASE
SUBMISSION FORM***

County: _____

Agent: _____

Sample Number: _____

Date (mm/dd/yyyy): _____

Athens Clinic:

Ansuya Jogi (ansuya@uga.edu)
2105 Miller Plant Sci Bldg, 120 Carlton St
Athens, GA 30602-7274
Phone: (706)-542-9157 or 8987
Fax: (706) 542-1262

Tifton Clinic:

Jason Brock (jbrock@uga.edu)
Room 116, 4604 Research Way
Tifton, GA 31793
Phone: (229) 386-7495
Fax: (229) 386-7415

Call (706) 542-9146 to follow-up samples submitted to Athens.

Homepage: <http://plantpath.caes.uga.edu/extension/clinic.html>

Date (mm/dd/yyyy) _____ Plant Grower/Owner's Name: _____
 Plant Name: _____ Address: _____
 Variety: _____
 Sample Submitted by (Other than Grower/Owner): _____ Phone: _____
 e-mail: _____

<input type="checkbox"/> Nursery	<input type="checkbox"/> Consultant	<input type="checkbox"/> Farmer	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Landscape
<input type="checkbox"/> Research	<input type="checkbox"/> Extension Specialist	<input type="checkbox"/> Other (specify): _____			

THE FOLLOWING INFORMATION IS IMPORTANT AND COULD HELP US DIAGNOSE THE PROBLEM CORRECTLY:

1. Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc.

2. Date planted (mm/dd/yyyy): _____ 3. Follow-up to DDI sample? (Sample #): _____
 4. When did you first noticed this problem? _____ 5. How has it spread since then? _____
 6. Amount and/or pattern of spread? _____
 7. Any other significant problems such as insects, fertility, weeds, etc.? _____
 8. Number of plants grown: _____ or Acres: _____ 9. Percent of those plants or acres affected: _____

10. Type of Irrigation: _____ Frequency: _____

Is the problem affecting:	Association with Terrain:	Soil Moisture:	Soil Type:	Weather Conditions:	Temperature:
<input type="checkbox"/> Scattered plants	<input type="checkbox"/> No Association	<input type="checkbox"/> Dry	<input type="checkbox"/> Clay	<input type="checkbox"/> Dry	<input type="checkbox"/> Cold
<input type="checkbox"/> Group of plants	<input type="checkbox"/> In low areas	<input type="checkbox"/> Moist	<input type="checkbox"/> Loam	<input type="checkbox"/> Humid	<input type="checkbox"/> Moderate
<input type="checkbox"/> Most of planting	<input type="checkbox"/> In uplands	<input type="checkbox"/> Wet	<input type="checkbox"/> Sandy	<input type="checkbox"/> Wet	<input type="checkbox"/> Hot

11. Previous crop(s) one year ago: _____ Two years ago: _____

Problems on previous crops: _____

12. Chemicals Applied (This information may help us determine disease potential):

Chemical: _____	Rate: _____	Date last applied (mm/dd/yyyy): _____
Chemical: _____	Rate: _____	Date last applied (mm/dd/yyyy): _____
Chemical: _____	Rate: _____	Date last applied (mm/dd/yyyy): _____

DIAGNOSIS: _____

***THIS FORM IS FOR COMMERCIAL SAMPLES ONLY.** Enter all homeowner samples online through the DDDI website (<http://www.dddi.org/uga/index.cfm>).

Print the PDF/HTML form generated which contains the sample number needed to track and diagnose the sample.

For more details on homeowner samples submission instructions, go to:

<http://plantpath.caes.uga.edu/extension/documents/PHYSICALHOMEOWNERPLANTSAMPLES.pdf>. Thanks.