Department of Plant Pathology
Plant Disease Clinics
(UGA-PDC_FORM_001.1)

County: _____
Agent: _____
Sample Number: _____
Date (mm/dd/yyyy): _____

UNIVERSITY OF
GEORGIA
College of Agricultural &
Environmental Sciences

COMMERCIAL PLANT DISEASE SUBMISSION FORM*

Athens Clinic:
Daniela Gutierrez Yanez
2405 Miller Plant Science Bldg.
120 Carlton Street
Athens, GA 30602-7274
Phone: (706)-542-9157
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Tifton Clinic:
Laxmi Pandey
Room 116, 4604 Research Way
Tifton, GA 31793
Phone: (229) 848-2532
laxmi.pandey@uga.edu

Call (706) 542-2571 to follow-up on samples submitted to Athens   Homepage: http://plantpath.caes.uga.edu/extension/clinic.html

Date (mm/dd/yyyy): _____
Plant Name: _____
Variety: _____
Sample Submitted by (Other than Grower/Owner): _____

Plant Grower/Owner's Name: _____
Address: _____
_____
Phone: _____
e-mail: _____

Grower Category:	Farmer	Nursery	Greenhouse	Landscape	Golf Course
	Consultant	Research	Extension Specialist	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/When planted: _____
3. Follow-up to previous 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:
Scattered plants	No Association	Dry	Clay	Dry	Cold
Group of plants	In low areas	Moist	Loam	Humid	Moderate
Most of planting	In uplands	Wet	Sandy	Wet	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): _____
Chemical: _____	Rate: _____	Date last applied (mm/dd/yyyy): _____

DIAGNOSIS: _____
_____
_____