



**UNIVERSITY OF
 GEORGIA**

College of Agricultural &
 Environmental Sciences

**COMMERCIAL PLANT DISEASE
 SUBMISSION FORM***

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

Athens Clinic:
 Mackenzie Bumgarner
 2105 Miller Plant Sciences Bldg.
 120 Carlton Street
 Athens, GA 30602-7274
 Phone: (706)-542-2571
mackenzie.bumgarner@uga.edu

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 Grower/Owner's Name: _____
 Plant Name: _____ Address: _____
 Variety: _____
 Sample Submitted by (Other than Grower/Owner): _____ 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:

- Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc.
- Date/When planted: _____
- Follow-up to previous sample (sample #) _____
- When did you first noticed this problem? _____
- How has it spread since then? _____
- Amount and/or pattern of spread? _____
- Any other significant problems such as insects, fertility, weeds, etc.? _____
- Number of plants grown: _____ or Acres: _____
- Percent of those plants or acres affected: _____
- 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): _____

DIAGNOSIS: _____

***THIS FORM IS FOR COMMERCIAL SAMPLES ONLY.** For the Homeowner submission form, go to:
<https://plantpath.caes.uga.edu/content/dam/caes-subsite/plant-pathology/extension-pdfs/Homeowner-Plant-Disease-Clinic-Form.pdf>
 Enter all samples online through PCLinic (<https://www.tspssoft.com/PClinic/Login.asp>).
 Print the PDF generated which contains the sample number needed to track and diagnose the sample. For more details on sample submission instructions, go to:
https://plantpath.caes.uga.edu/content/dam/caes-subsite/plant-pathology/extension-pdfs/Submitting-Samples-to-the-plant-disease-clinics_2024.pdf