

**Department of Plant Pathology
Plant Disease Clinic**



The University of Georgia

**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 Street,

Athens, GA 30602-7274

Phone: (706)-542-9157

Fax: (706) 542-1262

Call (706) 542-2571 to follow-up on samples submitted to Athens.

Tifton Clinic:

Jason Brock (jbrock@uga.edu)

Room 116, 4604 Research Way

Tifton, GA 31793

Phone: (229) 386-7495

Fax: (229) 386-7415

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:	<input type="checkbox"/> Consultant	<input type="checkbox"/> Farmer	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Landscape
	<input type="checkbox"/> Nursery	<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.** 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 the DDDI website (<http://www.dddi.org/uga/index.cfm>).

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-Extension-Offices-4-16.pdf>

Thank-You.