

**Department of Plant Pathology
Plant Disease Clinic**



**UNIVERSITY OF
GEORGIA**

College of Agricultural &
Environmental Sciences

**COMMERCIAL PLANT DISEASE
SUBMISSION FORM***

County: _____

Agent: _____

Sample Number: _____

Date (mm/dd/yyyy): _____

Athens Clinic:

Ansuya Jogi (ansuya@uga.edu)
2105 Miller Plant Sciences Bldg.
120 Carlton Street
Athens, GA 30602-7274
Phone: (706)-542-9157

Tifton Clinic:

Room 116, 4604 Research Way
Tifton, GA 31793
Phone: (229) 386-7495

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: Grower 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-IPM-Plant-Disease-Clinic-Form_%202023.pdf
 Enter all samples online through PCLinic (<https://www.tpssoft.com/PCLinic/Login.asp>).
 Print the PDF generated, which contains the sample number needed to track and diagnose the sample.