PLANT DIAGNOSIS REQUEST FORM
Revised 2/2016

(To be completed by Master Gardener receiving the sample)

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<th>Plant Clinic</th>
<th>Date</th>
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<tr>
<td>Master Gardener</td>
<td>(one name only)</td>
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<td>EMAIL</td>
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Client - Please fill out this form as completely and accurately as you can. Print or write clearly. One sample per form.

CLIENT NAME: ___________________________ Date: ___________________________

ADDRESS (street, P.O. Box) ________________________________________________________

CITY, STATE, & ZIP __________________________________________________________________

PHONE: ___________________________ (number where you can be reached in the daytime)

EMAIL

INSTRUCTIONS FOR SUBMITTING SAMPLES

Plants: Samples should consist of leaves attached to stems or branches. Include flowers or seeds if applicable. These should be 6 inches to 8 inches or longer if it is a large leafed plant. Include the section of the branch where the transition from healthy to affected/diseased tissue occurs. Samples should come from the plant itself and not a portion or leaf that has fallen to the ground. Please submit samples in a plastic bag. Do not use paper bags or envelopes. This sheet should be attached to the outside of the plastic bag.

Lawn/turf: Select a 6 inch square of sod from the margin of the affected area. The sample should contain both healthy and problem grass. Samples should contain roots. Submit in a plastic bag or plastic container following the instructions above.

Insects: If the sample has crawling or flying insects that may escape in transit, please make sure they are secured in a zip-lock bag or other sealed plastic container. If the insects are active, a drop or two of rubbing alcohol should calm them down.

NAME OF PLANT (if known) ___________________________

Will this plant be used for food or drink? – yes, no (Circle one)

WHAT PROBLEMS have you observed? ____________________________________________________________

(Over) – Please complete reverse side
EXTENT OF PROBLEM: Describe how much, what portion(s) of the plant is affected (leaves only, one or two branches, upper half, lower half, back, front, entire plant, more than one plant, etc.)
______________________________________________________________________________________________________________________________________________

WHEN WAS PROBLEM FIRST NOTICED? (Dates) ______________________________________________________________________________________

LOCATION OF PLANT

If this plant is growing in a container, describe size and location: __________________________________________________________________________

If this plant is growing in the ground, describe where (Circle all that apply): lawn, foundation planting, wooded area, bed with large trees, vegetable or flower garden, next to paved surface, near a fence, on hillside or slope, raised bed, fairly level area, in/near swale or low area, near a downspout.

NUMBER OF YEARS AT PRESENT SITE  (Circle one): newly planted, 2 – 4 yrs, 5 – 10 yrs, more than 10 yrs.

What was previously planted at this site? (If known) __________________________________________________________________________________

EXPOSURE TO ELEMENTS (Circle all that apply): full sun, morning sun, mid-day sun, afternoon sun, dappled shade, full shade, exposed to summer winds , exposed to winter winds, protected location

Other _______________________________________________________________________________________________________________________________________

WATERING (Circle one): rainfall only, water only when dry, water regularly

Please explain how often you water, how much, and method used (i.e. hose, overhead sprinkler, drip, etc)
______________________________________________________________________________________________________________________________________________

MULCH: type ___________________________________________________________ depth: ______________________

CHEMICALS USED AND DATES USED: List any fertilizers, pesticides, household chemicals used on or near the plant, incl.
lawn treatment: __________________________________________________________________________

Do you currently use the services of a professional _____lawn care, and/or a _______ landscape company?

ADDITIONAL INFORMATION: ____________________________________________________________________________________________________________

__________________________________________________________________________________________________________

We welcome photographs of the plant accompanying (but not instead of) the plant sample. Especially useful are pictures of the entire plant in its surroundings and pictures of anomalies on the trunk, root flare, or limbs. Images of your plant can be sent to vceffxlab@gmail.com. Please be sure the message includes your name, the name of the plant and the clinic/office where you dropped off the sample. Please check the box at right if sending images by email ............................................

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Thank you for using our service. Unless you are leaving this form along with your sample with a Master Gardener volunteer at a plant clinic, you may drop off your sample – with this form attached to the outside of the container – at Virginia Cooperative Extension Fairfax County Office, 12011 Government Center Parkway, 10th floor, Fairfax, VA 22035.