



Virginia Cooperative Extension

Virginia Tech • Virginia State University

www.ext.vt.edu

Virginia Cooperative Extension, Fairfax County Office, Master Gardener Program
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REQUEST FORM - PLANT PROBLEM DIAGNOSIS

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(Reserved for use by Master Gardener program)

Plant Clinic _____ Date _____

Master Gardener _____ (one name only)

Email _____

Client - Please fill out the rest of this form as completely and accurately as you can. Use one form for each plant or plant group with the same problem (s). Print legibly.

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 PHYSICAL AND/OR PHOTO SAMPLES

Physical samples – Provide branch samples containing several leaves showing damage, including portions of the stem showing discoloration, lesions, or other abnormalities. If other portions of the plant are affected (e.g., flowers or fruit) please include those. If you are also sending photos to help with this diagnosis, check this box

Photo samples - Send 3 or 4 digital photos that are clear and in focus. Cell phone photos are fine. Try to avoid strong shadows. Outdoor photos are best taken on overcast days or when the sun is behind a cloud. Indoor photos should have lighting from both sides.

Provide 3 or 4 images of the affected plant showing the features of concern. We recommend including –

- photo showing the entire plant/plant group and its surroundings and the overall pattern of the problem on the plant.
- photo showing the affected branches, preferably one with both healthy and discolored tissue.
- close-up photo(s) of symptoms. Examples: centering on one or a few leaves/needles at the place where green tissue meets discolored tissue; areas of suspected insect damage (or the insect itself); an area of the trunk, branch, or twig bark you suspect of being abnormal, such as stem lesions, oozing, bumps, insects, white or other color objects.

NAME OF PLANT (if known) _____

WHAT PROBLEMS have you observed?

(OVER) Complete reverse side

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 (Check all that apply):

- lawn foundation planting wooded area bed with large trees vegetable or flower garden
- next to a paved surface near a fence on a hillside or slope fairly level area raised bed
- in/ near a swale or low area near a downspout

NUMBER OF YEARS AT PRESENT SITE

- newly planted 2 - 4 years 5 - 10 years more than 10 years

WHAT WAS PREVIOUSLY PLANTED AT THIS SITE? (If known) _____

EXPOSURE TO ELEMENTS (Check 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 (Select one): rainfall only, water only when dry, water regularly

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 landscape company?

ADDITIONAL INFORMATION:

Will this plant be used for food or drink? Yes No

Physical Samples – Drop off your sealed container and completed form at a Master Gardener Plant Clinic or at the Virginia Cooperative Extension Fairfax County Office, see address in Page 1 header. Photos can be physically attached or sent by email to the lab at vceffxlab@gmail.com.

Photo Samples - Submit your completed form and your photographs as attachments to an email message sent to vceffxlab@gmail.com. If you already submitted a form with physical sample, email should include that date and location.

If you also suspect a problem with a different plant or plant grouping, use a second form for that plant problem and submit the form with that sample and/or photos separately.

A lab member may contact you for addition information or to request another photo or physical sample, if needed.