

University of Rhode Island
Cooperative Extension Education Center
3 East Alumni Avenue, Kingston, RI 02881
Tel: 401-874-2900

Fee: \$10.00 Per Sample

No. of Samples _____
Amount Paid _____
Date Received _____

Name: _____

Address: _____

_____ Zip Code: _____

Mail in _____
Walk in _____

Telephone:

Home _____ Work _____

URI PLANT PROTECTION CLINIC QUESTIONNAIRE FOR PLANT SPECIMENS

Please answer all questions to the best of your ability by circling a response or filling in the blank. All specimens should be fresh when collected. Be sure to collect a representative sample showing the plant in various stages of decline if possible. It does no good to send in a completely dead sample; by this time a diagnosis will be impossible. Place sample in a plastic bag and put in padded mailer envelope. Attach your check (made out to URI) with the completed questionnaire and plant sample. Walk-in clients may follow the above procedure and leave sample with the Center receptionist.

Plant Damage Patterns and Description

1. Is this type of plant the only one affected? Only this one Others also
2. Is the damage confined to one portion of the plant or does it seem widespread? Please describe.
3. Does damage start at the top of the plant and work its way down or start at the bottom and work its way up?
Starts at top Starts at bottom Not applicable
4. If transplanted in the past year, how often do you water? _____
5. Has there been construction in this area recently? Yes No
6. Have you used herbicides (weed killers) anywhere on your property this year? Yes No
7. When did you first notice the problem? _____
8. Has the problem progressed over time or does it seem the same? Progressive Stays same
9. Is there a clear line between good and bad areas, or is there a gradual transition from good to bad?
Clear line Transition zone
10. What type of plant/tree is this? _____

Additional Comments: On Back

