

**Mail or drop off samples to:**  
URI Plant Diagnostic Laboratory, 3 East Alumni Avenue, Kingston, RI  
02881

*Please include a \$20 check per sample payable to "URI Plant Diagnostic Lab" with this form.*

**SUBMITTER INFORMATION (please print clearly):**

Submitter Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address, City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SAMPLE INFORMATION:**

Date sample was collected: \_\_\_\_\_ Date sample was planted: \_\_\_\_\_

Plant species: \_\_\_\_\_ Cultivar: \_\_\_\_\_

**OBSERVATIONS (please select and/or answer the most appropriate choice and/or question):**

**Symptoms/Signs:**

- Leaf spot
- Leaf drop
- Browning/Blight
- Tip dieback
- Wilting
- Yellowing
- Crown/Basal rot
- Root rot
- Other: \_\_\_\_\_

**Parts of the Plant Affected:**

- Leaves
- Branches/Twigs
- Flowers
- Fruit
- Seeds Roots
- Other: \_\_\_\_\_

**Site Condition:**

- Shade
- Part Shade
- Full sun

**Occurrence:**

- Suddenly
- Gradually

**Soil type and pH:**

- Sandy
- Loam
- Clay
- Other: \_\_\_\_\_

**Percentage of Plant Affected:**

- 5-10%
- 10-25%
- 25-50%
- 50-75%
- 75-100%

**Drainage:**

- Excellent
- Good
- Moderate
- Poor

**Irrigation:**

- None
- Hose
- Sprinklers
- Frequency: \_\_\_\_\_

**Fungicides:**

- Product: \_\_\_\_\_
- Date: \_\_\_\_\_
- Rate: \_\_\_\_\_

**Insect Control:**

- Product: \_\_\_\_\_
- Date: \_\_\_\_\_
- Rate: \_\_\_\_\_

**Fertilizers:**

- Product: \_\_\_\_\_
- Date: \_\_\_\_\_
- Rate: \_\_\_\_\_

**Weed Control:**

- Product: \_\_\_\_\_
- Date: \_\_\_\_\_
- Rate: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

No. of Samples: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_

Resubmission?  Yes  No

Submission Type?  Mail-In  Walk-In