PLANT DIAGNOSTIC LABORATORY
Plant Sample Submission Form

Mail or drop off samples to:
URI Plant Protection Clinic, 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: __________________________

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%

Parts of the Plant Affected:
- [ ] Leaves
- [ ] Branches/Twigs
- [ ] Flowers
- [ ] Fruit
- [ ] Seeds/Roots
- [ ] Other: __________________________

Site Condition:
- [ ] Shade
- [ ] Part Shade
- [ ] Full sun

Irrigation:
- [ ] None
- [ ] Hose
- [ ] Sprinklers
- [ ] Frequency: __________________________

Fungicides:
- [ ] Product: __________________________
- [ ] Date: __________________________
- [ ] Rate: __________________________

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- [ ] Suddenly
- [ ] Gradually

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- [ ] Other: __________________________

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Site Condition:
- [ ] Shade
- [ ] Part Shade
- [ ] Full sun

Fertilizers:
- [ ] 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