

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: _____

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