THE UNIVERSITY OF ARIZONA
Cooperative Extension
Yuma County

MAIL SAMPLES TO
Dr. Bindu Poudel
Yuma Plant Health Clinic
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FOR LAB USE ONLY
Sample No:
Collection date:
Received:
Paid: $

PLANT PATHOLOGY DIAGNOSTIC CLINIC SAMPLE SUBMISSION FORM

Please fill out all the information in three easy steps. Samples without adequate information will not be processed.

STEP 1: YOUR CONTACT INFORMATION

Submitted by:	**Check one:**	**Submitted for:**
Name:	Pest Control Adviser	Company:
Address:	Extension Agent	Address:
City/Zip:	Commercial Grower	City/Zip:
County:	Home grower	County:
E-mail:	Research/Faculty	E-mail:
Phone:	Master Gardener	Phone:

STEP 2: HOST PLANT & SYMPTOM INFORMATION

Host Plant: **Cultivar:** **Location**

Overall plant	**Root**	**Stem/branch**	**Leaf**	**Flower/Fruit**
stunted	galls/swelling	Galls/swelling	spotted/mosaic/mottle	spotted/mosaic
elongated	cankers	girdled	wilt/blight	discolor/blight
gnarled	rot	discolored	yellowing	rot
spotted/mosaic	wilted	dieback	chlorotic/necrotic spots	distorted/scabby
wilted/blighted	dieback	wilted	deformed	uneven ripening
yellowing	discolored	dark lesions	premature leaf fall	necrotic/chlorotic spots
other	other	other	other	other

STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM

Type of Planting	**Symptom Prevalence**	**Symptom appearance**	**Recent sprays**	**Additional information**
commercial field/orchard	entire planting	days	fertilizer	
garden/home	localized area	weeks	pesticides	
Nursery/ greenhouse	scattered area	months	herbicides	
other	other	other	other	