

Note: Please complete this **entire** form before submitting specimen(s). This will ensure more timely and accurate diagnosis.

Open May 1st through Sept 15th

Plant Clinic
1401 W. St. Mary's Road
University of Illinois
Urbana, IL 61802
(217)333-0519

PLANT CLINIC SPECIMEN DATA FORM

Plant Clinic No. _____
Date Received _____
County _____

Submitted by _____ Respond to: _____
Grower _____ Address _____
Commercial _____ Home Grower _____ Consultant _____

Crop or Plant _____ Variety _____ Phone _____ E-mail _____

Appearance of Plant Parts:

Roots: normal _____ poor growth _____ galls or swellings _____ discolored _____ rotted or decayed _____ other _____

Stem, trunk, or branches: normal _____ poor growth _____ galls or swellings _____ cankered _____ external discoloration _____
top dieback _____ cracked _____ rotted or decayed _____ other _____

Leaves: normal _____ abnormal growth _____ galls or swellings _____ wilted _____ falling prematurely _____
spotted or blighted _____ yellowed _____ mottled _____ rotted _____ shotholed _____ other _____

Fruit or flowers: normal _____ abnormal growth _____ spotted _____ rotted _____ mottled _____ other _____

Condition Appears: Serious _____ Potentially serious _____ Minor _____

Distribution: scattered plants _____ Groups of plants _____ Most planting _____ In low areas _____ Slopes _____
No association with terrain _____ Other _____

Symptoms Appeared in Past: _____ days; _____ weeks; _____ months

Conditions Prior to Symptom Development: Temperature Range _____ Rainfall Amount _____ Humidity _____
Storms with high winds _____ Hail _____ Blowing soil _____ Lightning _____

Soil Type or Mix: _____ Organic matter _____% pH _____

Planting History: Crop two years previous _____ One year previous _____
Year current crop last planted in this area _____ Did problem occur previously? _____

Tillage History: _____

Soil Test Information _____ Type of nitrogen used _____

Chemicals Applied This Year: Fertilizer _____
Herbicide(s) & rates _____ Type of application _____
Herbicide(s) previous year _____ Insecticide(s) _____
Fungicide(s) _____ Nematicide(s) _____

SUSPECTED PROBLEM AND COMMENTS:

Do Not Write Below This Line