

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

UNIVERSITY OF ILLINOIS  
PLANT CLINIC SPECIMEN DATA FORM  
Open May 1<sup>st</sup> through Sept 15<sup>th</sup>

**Office Use Only**

Plant Clinic #	
Date Received	
County	
Charge	
Date Paid	Ck #

Submitter \_\_\_\_\_

Grower \_\_\_\_\_

Commercial \_\_\_\_\_ Home Grower \_\_\_\_\_

County \_\_\_\_\_

**Send response to:** Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Crop or Plant Name \_\_\_\_\_ Variety \_\_\_\_\_

Describe Problems or Symptom/Sketch Distribution:

Symptoms Appeared in Past: Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

Describe Conditions Prior to Symptom Development:

Temperature \_\_\_\_\_ Rainfall \_\_\_\_\_ Other \_\_\_\_\_

Planting History: Crop Two Years Ago \_\_\_\_\_ Crop One Year Ago \_\_\_\_\_

Soil Type: \_\_\_\_\_ pH \_\_\_\_\_ % Organic Matter \_\_\_\_\_

Soil Test Information: \_\_\_\_\_

Type of Nitrogen Application: \_\_\_\_\_

Chemicals Applied this year: \_\_\_\_\_

Fertilizer \_\_\_\_\_ Type of Application \_\_\_\_\_

Herbicide(s) \_\_\_\_\_

Rates \_\_\_\_\_

Type of Application \_\_\_\_\_

Chemicals Applied Last Year \_\_\_\_\_

**Ornamentals:**

Approximate Age and Size: \_\_\_\_\_

Condition of Nearby Species: \_\_\_\_\_