



New Jersey Agricultural  
Experiment Station

## LANDSCAPE, HOME GROUNDS, AND GARDEN SUBMISSION FORM

### Plant Diagnostic Laboratory

Rutgers NJAES

PO Box 550

Milltown, NJ 08850-0550

[www.njaes.rutgers.edu/services](http://www.njaes.rutgers.edu/services)

Submitter \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

Plant Common Name \_\_\_\_\_

Scientific Name \_\_\_\_\_

genus species variety

Date sample collected \_\_\_\_\_

Date Symptoms First Appeared \_\_\_\_\_

Age of Plant \_\_\_\_\_

#### Office Use Only

Lab # \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Chk# \_\_\_\_\_

Amt. \_\_\_\_\_

#### METHOD OF PAYMENT:

Bill me (commercial clients only)

Cash  Check or Money Order

Credit Card

Credit Card No. \_\_\_\_\_



\_\_\_\_\_

Exp. Date \_\_\_\_ - \_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

Sample ID: \_\_\_\_\_

**Plant Location** (Please circle as many items as appropriate)

(a) Indoors (b) Garden (c) Landscape (d) Wooded Area (e) Roadside

#### Soil Information

Type of Soil			Drainage			Compaction			Soil pH
Sandy	Loam	Clay	Good	Moderate	Poor	Loose	Moderate	Com-pacted	

#### Please Check All Appropriate Boxes

Symptoms										Plant Part Affected					Distribution of Problem				Exposure			Distribution on Plant	
Leaf Spot	Leaf Yellowing	Leaf Scorch	Leaf Drop	Wilt	Canker	Dieback	Stunting	Abnor-mal Growth	Root Rot	Leaves	Branches	Roots	Fruit	Flowers	Single Plant	Most Plants	Patch	Scat-tered	Full Sun	Partial Sun	Shaded	Top	Bottom
Other : _____										Other : _____					Other : _____				Other : _____				

#### Site History

How long has the plant been on this site \_\_\_\_\_

Date last transplanted (potted) \_\_\_\_\_

Distance from roadway \_\_\_\_\_

Distance from construction \_\_\_\_\_

Irrigation Frequency \_\_\_\_\_

Mulch (type and depth) \_\_\_\_\_

Fungicide

Herbicide

Insecticide

Fertilizer

Other

#### Chemicals Applied to Plant or Area

Product

Rate

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Other Comments: \_\_\_\_\_

Agent/Submitter Tentative Diagnosis: \_\_\_\_\_

Other: \_\_\_\_\_

