



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

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 _____

Sample ID: _____

Plant Location (Please circle as many items as appropriate)

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

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.
VISA
MasterCard

Grid for credit card number

Exp. Date - Zip Code

Signature:

Soil Information

Table with columns: Type of Soil (Sandy, Loam, Clay), Drainage (Good, Moderate, Poor), Compaction (Loose, Moderate, Compacted), Soil pH

Please Check All Appropriate Boxes

Large table with columns: Symptoms (Leaf Spot, Leaf Yellowing, Leaf Scorch, Leaf Drop, Wilt, Canker, Dieback, Stunting, Abnormal Growth, Root Rot), Plant Part Affected (Leaves, Branches, Roots, Fruit, Flowers), Distribution of Problem (Single Plant, Most Plants, Patch, Scattered), Exposure (Full Sun, Partial Sun, Shaded), Distribution on Plant (Top, Bottom)

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

Table with columns: Product, Rate, Date

Other Comments:

Agent/Submitter Tentative Diagnosis:

Other:

