

- Insect
- Nematode
- Plant ID
- Disease
- Other

SPECIMEN FOR DETERMINATION

OWNER/CONSIGNEE:	TELEPHONE:
MAILING ADDRESS:	SAMPLE (A):
CITY, STATE, ZIP:	SAMPLE (B):
	SAMPLE (C):
	SAMPLE (D):

Please check which apply:

- Residential Landscape Maintenance Other: _____
 Nursery Commercial Grower

- DIAGNOSIS IS BASED ON THE INFORMATION AND SAMPLE PROVIDED -

ENTOMOLOGY (INSECT): Alive Dead Location/Host where found: _____

PLANT PATHOLOGY (DISEASE):

Grown in:	<input type="checkbox"/> Sun	<input type="checkbox"/> Shade	<input type="checkbox"/> Partial	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Shade house	<input type="checkbox"/> Indoors
Watering schedule:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Only when it rains	Other: _____	
Planted on/in:	<input type="checkbox"/> Ground	<input type="checkbox"/> Container	_____			
Soil texture:	<input type="checkbox"/> Sand	<input type="checkbox"/> Loam	<input type="checkbox"/> Clay	<input type="checkbox"/> Decomposed granite	<input type="checkbox"/> Commercial soil mix	
Soil drainage:	<input type="checkbox"/> Well drained	<input type="checkbox"/> Moderately drained	<input type="checkbox"/> Poorly drained	<input type="checkbox"/> Standing water	<input type="checkbox"/> Hardpan	
Chemical applied:	Last application:		Rate/Dosage:			

Describe problem/situation: _____

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