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FLOWERS

Annuals/Perennials

Diagnostic Lab Form
 \$2.00 paid _____



Extension
 Utah State University



Date: 	Soil Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Name: <input type="checkbox"/> Commercial <input type="checkbox"/> Homeowner Phone Number: Primary _____ Other _____ Other _____	Watering: How often do you water? _____ How long do you water? _____ What time of day do you water? _____ Describe your watering method <input type="checkbox"/> Popup rotor sprinklers <input type="checkbox"/> Hose-end sprinkler <input type="checkbox"/> Popup stationary sprinklers <input type="checkbox"/> Flood irrigate <input type="checkbox"/> Drip (gph _____ # emitters _____) <input type="checkbox"/> By hand
Mailing Address: _____ City _____ State _____ Zip Code _____	Plant part(s) affected: <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Other: Symptoms: <input type="checkbox"/> Die Back <input type="checkbox"/> Yellowing <input type="checkbox"/> Leaf Drop <input type="checkbox"/> Leafspots/blight <input type="checkbox"/> Leaf Holes <input type="checkbox"/> Mosaic <input type="checkbox"/> Marginal Burn <input type="checkbox"/> Skeletonizing <input type="checkbox"/> Streaks <input type="checkbox"/> Borer Holes <input type="checkbox"/> Wilting <input type="checkbox"/> Galls <input type="checkbox"/> Other:
Email Address: 	Pesticides and fertilizers: Name of product: Rate and date applied:
Plant Name: (Scientific or common name) 	Describe symptom development:
Where is the plant found? <input type="checkbox"/> Field <input type="checkbox"/> Nursery <input type="checkbox"/> Indoors <input type="checkbox"/> Lawn area <input type="checkbox"/> Pot/Container garden <input type="checkbox"/> Greenhouse <input type="checkbox"/> Other:	
Age of plant: 	
Is the problem getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was the problem first observed? 	
What is the soil like? <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Potting mix <input type="checkbox"/> Other:	

FOR OFFICE USE ONLY:

Diagnostician	
Diagnostician Date	
Identification	
Control	
Comments	
Date Replied	
Person Contacted	<hr/>
Name of person who contacted them	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Sent to Logan

Statistical Reporting (Optional*)

Gender:

- Male Female

Ethnicity:

- Caucasian Hispanic American Indian
 African American Pacific Islander
 Other:

*As part of the United States Department of Agriculture, USU Extension must demonstrate that it does not discriminate in the dissemination of its programs.