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TREES/SHRUBS/VINES

Diagnostic Lab Form
 \$2.00 paid _____



Extension
 UtahStateUniversity



Date: _____	How often do you water? (VERY IMPORTANT!)
NAME: <input type="checkbox"/> Commercial <input type="checkbox"/> Homeowner Email Address: _____	(By the day- check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday OR <input type="checkbox"/> By intervals _____ (every 3 rd day, etc.) Number of minutes _____
Phone Number: Primary _____ Other _____ Other _____	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"/> By hand <input type="checkbox"/> Drip (gph _____ # emitters _____)
Mailing Address: _____ Plant name (Scientific or common name): _____	Plant part(s) affected: <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit <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:
Age of plant: _____	
Where is the plant found? <input type="checkbox"/> Lawn <input type="checkbox"/> Shrub/flower bed <input type="checkbox"/> Nursery <input type="checkbox"/> Greenhouse <input type="checkbox"/> Other:	Describe symptom development: _____
When was the problem first observed? _____	
Is the problem getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the soil like? <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Other: Soil Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Pesticides and fertilizers: Name of product(s): Rate and date applied:
Describe any construction, excavation, major landscaping changes within 50' in the last 5 years? _____	Weed killers used within 50' of the plant in the last 2 years

FOR OFFICE USE ONLY:

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

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.