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horticultureassistant@usu.edu

HOUSEPLANTS

Diagnostic Lab Form
 \$2.00 paid _____



Extension
 Utah State University



| | |
|---|--|
| <p>Date: _____</p> <p>Name:</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> Homeowner <input type="checkbox"/> Other:</p> | <p>Does the water come out of the drainage holes when the plant is watered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Soil Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> |
| <p>Mailing Address:</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip Code _____</p> <p>Phone Number:</p> <p>Home _____</p> <p>Work _____</p> <p>Cell _____</p> | <p>What time of day do you water?</p> <p>How often do you water?</p> <p>How long do you water?</p> <p>Do you water from the top or bottom?</p> <p>Does the pot sit in a saucer or catch tray?</p> <p>How near is the plant to a window?</p> <p>Is the window on the N S E W side of the house?</p> |
| <p>Email Address:</p> <p>_____</p> | <p>Plant part(s) affected:</p> <p><input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves</p> |
| <p>Plant Species (Scientific or common name)</p> <p>_____</p> | <p><input type="checkbox"/> Flowers <input type="checkbox"/> Fruit <input type="checkbox"/> Other:</p> |
| <p>Container:</p> <p>How big is the pot? <input type="checkbox"/> 6" <input type="checkbox"/> 8" <input type="checkbox"/> 10"</p> <p>Other: _____</p> | <p>Symptoms:</p> <p><input type="checkbox"/> Die back <input type="checkbox"/> Yellowing <input type="checkbox"/> Leaf drop</p> <p><input type="checkbox"/> Skeletonizing <input type="checkbox"/> Leafspots/blight <input type="checkbox"/> Galls</p> <p><input type="checkbox"/> Marginal burn <input type="checkbox"/> Borer holes <input type="checkbox"/> Streaks</p> <p><input type="checkbox"/> Leaf holes <input type="checkbox"/> Mosaic <input type="checkbox"/> Wilting</p> <p><input type="checkbox"/> Other: _____</p> |
| <p>Age of plant:</p> <p>_____</p> | |
| <p>Is the problem getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Pesticides and fertilizers:</p> <p>Name of product, rate, and date applied:</p> <p>_____</p> |
| <p>When was the problem first observed?</p> <p>_____</p> | <p>Describe symptom development:</p> <p>_____</p> |

FOR OFFICE USE ONLY:

| | |
|---|---|
| Diagnostician | |
| Diagnostician Date | |
| Identification Control Comments | |
| Date Replied Person Contacted Name of person who contacted them | <hr/> <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:

*Our funding is based on the statistics we provide to the Federal Government.