LEAVE SAMPLES ON LAB CART.
RESULTS WILL BE PHONED OR EMAILED TO YOU.

Houseplants
Diagnostic Lab Form
$1.00 paid ______

Utah County Cooperative Extension Service
100 East Center Street, L600
Provo, UT 84606 Phone: 801-851-8460

1. Date ___________________
2. For: Commercial ____ Homeowner ______
3. Name
   _______________________________
4. Mailing address:
   _______________________________________
   City: _____________________ State: _______
   Zip Code: ______________________________
5. Phone Number: home __________ work ____________
   __________________________
6. Plant Name (Common or Scientific):
   _______________________________________
7. Container:
   How big is the pot? ___ 6" ___ 8" ___ 10"
   Other _______________________ (Size)
   Does water come out of the drain holes when
   the plant is watered? ________________
   How near is the plant to a window? __________
   Which side of the house is the window on?
   _______________________________
8. Miscellaneous Information:
   Age of the plant _________________
   Is the problem getting worse? ______________
   When was the problem first observed?
   _______________________________
9. What is the soil like? (Circle) Sandy Loam Clay Other ______
10. Drainage: (Circle) Good Fair Poor
11. Watering:
   How often do you water? ________________
   How long do you water? ________________
   What time of day do you water? __________
   Describe irrigation system: (Circle)
   Sprinkler Soaker By hand
   Stationary Drip
12. Plant part(s) Affected: (Circle)
   Stems Roots Leaves Flowers Fruit Other______
13. Symptoms: (Circle)
   Die Back Yellowing Leaf Drop
   Leafspots/blight Leaf Holes
   Marginal Burn Skeletonizing
   Borer Holes Streaks Mosaic
   Galls Wilting
   Other: ______________________________
14. Pesticides and fertilizers:
   Name of product _____________________
   Rate and date applied
   _______________________________
15. Describe symptom development:
Diagnostician: ____________________________________________

Diagnostic date: ______________________________

Identification:

Control:

Comments:

Date Replied: ______________________________

Person Contacted: __________________________________________

_______ Phone _________ Mail _________ In Person

_______ Sent to Logan _________ E-Mail _________

Name of person who contacted them: ________________________________