### Diagnostic Lab Form

**Flowers**

**Annuals/Perennials**

**Date:**

**Name:**

- [ ] Commercial
- [ ] Homeowner

**Phone Number:**

- Primary ________________________
- Other _________________________
- Other _________________________

**Mailing Address:**

___________________________________

City _____________ State__________

Zip Code _______________

**Email Address:**

__________

**Plant Name:** (Scientific or common name)

**Where is the plant found?**

- [ ] Field
- [ ] Nursery
- [ ] Indoors
- [ ] Lawn area
- [ ] Pot/Container garden
- [ ] Greenhouse
- [ ] Other:

**Age of plant:**

**Is the problem getting worse?**

- [ ] Yes
- [ ] No

**When was the problem first observed?**

**What is the soil like?**

- [ ] Sandy
- [ ] Loam
- [ ] Clay
- [ ] Potting mix
- [ ] Other:

**Soil Drainage:**

- [ ] Good
- [ ] Fair
- [ ] Poor

**Watering:**

**How often do you water?** ______________

**How long do you water?** ______________

**What time of day do you water?** ______________

**Describe your watering method**

- [ ] Popup rotor sprinklers
- [ ] Hose-end sprinkler
- [ ] Popup stationary sprinklers
- [ ] Flood irrigate
- [ ] Drip (gph_____ # emitters_____)
- [ ] By hand

**Plant part(s) affected:**

- [ ] Stems
- [ ] Roots
- [ ] Leaves
- [ ] Flowers
- [ ] Other:

**Symptoms:**

- [ ] Die Back
- [ ] Yellowing
- [ ] Leaf Drop
- [ ] Leafspots/blight
- [ ] Leaf Holes
- [ ] Mosaic
- [ ] Marginal Burn
- [ ] Skeletonizing
- [ ] Streaks
- [ ] Borer Holes
- [ ] Wilting
- [ ] Galls
- [ ] Other:

**Pesticides and fertilizers:**

Name of product:

**Rate and date applied:**

**Describe symptom development:**

**Other:**

**Field**

**Nursery**

**Indoors**

**Lawn area**

**Pot/Container garden**

**Greenhouse**

**Other:**

**$2.00 paid _______**
**Statistical Reporting** *(Optional)*

**Gender:**
- □ Male
- □ Female

**Ethnicity:**
- □ Caucasian
- □ Hispanic
- □ American Indian
- □ African American
- □ Pacific Islander
- □ Other:

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