Utah State University Extension

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

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

FLOWERS

Diagnostic Lab Form
$1.00 paid _____

1. Date _____

2. For: Commercial ____ Homeowner _____

3. Name
_____

4. Mailing address:

_____

City: _____ State: _____

Zip Code: _____

5. Phone Number: home _____

work _____

e-mail: _____

6. Plant Name (Common or Scientific):

_____

7. Where is the plant found (Circle):
Field Forest Nursery
Indoors Front Yard Back Yard
Lawn Orchard Greenhouse
Other _____

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:

For Office Use Only: **FLOWERS**

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: _____