

**FRUIT (tree
fruit, raspberries,
strawberries, &
grapes)**
Diagnostic Lab Form
\$1.00 paid _____

1. **Date:** _____

2. **Name:** _____

3. **Mailing Address:** _____

City _____ State _____ Zip Code _____

4. **Phone:**
Home: _____ Work: _____

Email: _____

5. **Plant Species:** _____
(Scientific or common name) (Variety/Cultivar)

6. **Growing Situation (for tree fruits only):** _____ Residential lawn or garden
_____ Orchard

7. **Plant Parts Affected:** (Circle)
Stems Roots Leaves Blossoms Twigs/Branches Trunk Fruit

8. **Symptoms:** (Circle)
Wilting Yellowing Dieback Marginal Burn Leaf Drop
Leaf Spots/Blight Galls Skeletonizing Borer Holes
Other _____

9. **Pesticides and Fertilizers:**
Include Kind, Rate and Date Applied

VERY IMPORTANT!

10. **Distribution of Problem:** (Circle)
For Tree Fruit: A few branches Whole Tree
Number of Plants Affected: _____ Percent Loss: _____

11. **Age of Plants:** _____ **Is the problem getting worse?** ____ Yes ____ No

12. **When was the problem first observed** _____

**PLEASE COMPLETE
THE OTHER SIDE**

FRUIT SHEET (Continued)

13. **How are you watering?** (Circle)
Sprinkler Flood Irrigation Other (explain): _____

14. **How often are the plants watered?** (Circle)
Every day Every other day Twice a week Every 4-5 days
Once a week Other

15. **How long are they watered?** (Circle)
15 minutes 30 minutes 45 minutes Other: _____

16. **What type of sprinkler is used?** (Circle) Impact, or gear driven (rotating, or Rain bird type)
Stationery Oscillating

17. **Have any weed killers been used within 50 feet of the plant in the last 5 years?**

____ Yes ____ No If yes, what kind?

VERY IMPORTANT!

18. **Has any soil been added around the tree/shrub since it was planted?** ____ Yes ____ No
If yes, what kind? _____

If yes, how many inches of soil were added? ____ How long ago was the soil added? _____

Describe initial symptom development, progression of symptoms as well as other relevant information. Be as complete as possible.

This information is critical for a correct diagnosis.

DO NOT WRITE BELOW THIS LINE

Diagnostician: _____ Diagnostic Date: _____

Diagnosis:

Control/Comments: