



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

VEGETABLES
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: _____
Email: _____

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 _____

6. Plant Name (Common or Scientific):

15. Describe symptom development:

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

For Office Use Only:

VEGETABLES

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: _____