

CSU Extension Commercial Greenhouse and Nurseries Diagnostic Clinic

Sample submission form

Office use only:

Date Rec'd: _____ Clinic # _____ PDIS # _____

Cash _____ Check # _____ \$ Amt. _____ N/C _____

Email _____ Paper Mail _____ FAX _____

CLIENT INFORMATION CGNA MEMBER? (circle): Yes No COUNTY _____

Last Name First Name Company

Address City State Zip

E-mail: (_____) Phone (_____) Fax

SAMPLE INFORMATION

COMMON NAME _____ GENUS/SPECIES _____

VARIETY _____ % OF PLANTING AFFECTED _____

GREENHOUSE? (circle production stage)

Germination Plug production Finishing Postharvest Hydroponics Other: _____

NURSERY? (circle production stage)

Propagation Field Container Other: _____

ORGANIC PRODUCTION: Yes No (circle) PLANT AGE: _____

DISTRIBUTION: (circle all that apply)

- Scattered
- In small areas
- In large areas
- In rows
- Certain variety
- Single plant
- Other: _____

SYMPTOMS: (circle all that apply)

- Dieback
- Root rot
- Leaf spot
- Stunted
- Yellowing
- Wilting
- Canker/Gall
- Fruit rot
- Other: _____

PLANT PART(S) AFFECTED (circle all that apply)

Stems Roots Leaves Trunk Flowers Fruit Needles Other: _____

ADDITIONAL INFORMATION

Pesticides used: _____

Fertilizer regime: _____

PGR/Other: _____