CLEMSON UNIVERSITY

PLANT AND PEST DIAGNOSTIC CLINIC

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www.clemson.edu/plantclinic

(Lab Use Only)

Revised 2/2018

PLANT DIAGNOSTIC FORM

☐ Commercial
☐ Residential

Name_____ **Company Name**_____
LAST FIRST MI (IF APPLICABLE)

Mailing Address_____
STREET CITY STATE ZIP

Phones (_____) _____ (HOME ● WORK ● CELL?) (_____) _____ (HOME ● WORK ● CELL?)

EMAIL *(reports are emailed – print clearly)*_____

Copy report to Clemson staff:_____@clemson.edu _____@clemson.edu

Sample Collection Site: *(if different from above)*	Name/Company_____ Address_____ _____ Phone_____ Email_____ County_____

SELECT ONE:	**BILLING ACCOUNT:**_____	**Check #**_____
☐ $20.00 **South Carolina** collection site ☐ $30.00 **out-of-state** collection site	If none, submit payment with sample material. Make checks payable to **Clemson University**.	

Name of plant_____ **Cultivar/variety**_____

Field ID/Reference_____ *(Optional, up to 20 characters. Examples: Front Yard; Lot 1205497)*

County where collected_____ **Date collected**_____

Comments/suspected diagnosis:_____

Planting date/age_____
Plant height/size_____
Previous crop (2 years)_____
Number **or** percentage of plants affected_____
Total # of plants:_____ **or** acres:_____

Date first noticed_____
Problem development: ☐ sudden ☐ gradual
Problem is: ☐ getting worse ☐ staying the same
Degree of problem: ☐ light ☐ moderate ☐ severe

Location of planting
☐ Field
☐ Forest
☐ Greenhouse
☐ Landscape – commercial
☐ Landscape – residential
☐ Nursery
☐ Orchard
☐ Pasture
☐ Public grounds
☐ Vegetable/herb garden

Plant parts affected
☐ leaves/needles
☐ twigs/branches
☐ stems/stalk
☐ flowers
☐ fruit/pods/seeds
☐ crown
☐ trunk
☐ roots
☐ bulbs/rhizomes
☐ other:

Symptoms
☐ browning/scorch
☐ canker
☐ defoliation
☐ dieback
☐ distortion
☐ galls
☐ insect damage
☐ leaf spot
☐ mottle/mosaic
☐ poor growth
☐ rot
☐ stunted
☐ wilt
☐ yellowing
☐ other:_____

Symptom location on plant
☐ upper part of plant
☐ lower part of plant
☐ one side of plant
☐ scattered on plant
☐ entire plant/widespread

Problem distribution on site
☐ single plant
☐ scattered plants
☐ groups of plants
☐ every plant

Sun exposure in problem area
☐ shade ☐ shadecloth
☐ intermittent shade
☐ morning sun
☐ afternoon sun
☐ full sun

Weather conditions preceding development
☐ clear
☐ cloudy
☐ rainy
☐ drought
☐ adequate moisture
☐ excess moisture

Date/amount of last rain:
_____
Temperature range:
_____

Irrigation type
☐ none
☐ drip system
☐ overhead sprinkler
☐ hand/manual

Irrigation frequency:
_____

How long each time:
_____

Time of day:
☐ Pre-dawn ☐ Morning
☐ Afternoon ☐ Evening

Soil type
☐ sandy
☐ loam
☐ clay/clay loam
☐ artificial mix

Drainage
☐ good
☐ moderate
☐ poor

Fertilizer/pesticides applied to or near the plants
Include names and dates:
_____
_____
_____