



## PLANT DISEASE IDENTIFICATION FORM

*Instructions for Sending/Delivering*  
For Identification

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### **\*IMPORTANT\***

**Samples will not be examined unless the below guidelines are followed  
and the attached information sheet is completely filled out**

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Samples must reach us in good condition to make a positive identification possible.  
Please follow the directions below.

1. **DO NOT CRUSH SAMPLE.**
2. **DO NOT PLACE TAPE OVER SAMPLE.**
3. Provide an 8-12" (minimum) sample of stem with leaves, flowers, berries, etc, if possible.
4. Provide as fresh a sample as possible.
5. Wrap the sample in paper or cellophane.
6. Pack the sample in a crush-proof box or envelope.
7. **COMPLETE ATTACHED FORM IN FULL.**
  - All samples will be examined as soon as possible. It may take a week or two during the peak growing season. No fee is required.  
Please forward all samples to:  
Rutgers Cooperative Extension of Middlesex County Attn: Agriculture,  
42 Riva Ave. Davidson's Mill Pond Park  
North Brunswick, NJ 08902
  - If you require a response within a week and a more comprehensive report, we recommend you contact the Plant Diagnostic Lab on Cook Campus, Rutgers University. There is a fee for each sample. More information about the service can be obtained through our office or their website at [NJAES.Rutgers.edu/plantdiagnosticlab](http://NJAES.Rutgers.edu/plantdiagnosticlab). Submission forms can be printed from the site and sent with the sample to the address provided on the form.

**PLANT DISEASE IDENTIFICATION FORM**

Date : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Would you like to receive e-mailed Constant Contact notices about programs from Rutgers Cooperative Extension of Middlesex County \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Plant \_\_\_\_\_ Variety: \_\_\_\_\_

Date Collected: \_\_\_\_\_ Date Problem Noted: \_\_\_\_\_

Plant part affected (please circle):

Leaves    Twigs    Trunk    Stem    Roots    Flowers    Fruit

Pattern of Development (please circle):

Top affected first                      Bottom affected first                      Scattered damage

Describe specific problem/symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plant location (where in yard or home): \_\_\_\_\_

\_\_\_\_\_

How many affected: \_\_\_\_\_ Proximity to each other \_\_\_\_\_

Degree of injury (please circle):            5-25%                      30-60%                      over 70%

Soil:            sandy                      loam                      clay

Drainage:            good                      moderate                      poor

Conditions:            sun                      shade                      other \_\_\_\_\_

How long has the plant been at the site? \_\_\_\_\_

Horticultural Practices:

Watering: \_\_\_\_\_ Fertilizing: \_\_\_\_\_

Chemical treatments: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Office Use Only:

Diagnosis/Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral: \_\_\_\_\_

\_\_\_\_\_

Fact Sheets/Material Sent:

\_\_\_\_\_

\_\_\_\_\_  
Agent/Program Associate/Program Assistant/MG