

PLANT DISEASE SPECIMEN INFORMATION FORM

VEGETABLE & FIELD CROPS
COOPERATIVE EXTENSION
UNIVERSITY OF CALIFORNIA

Specimen No. _____

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Send to:
Dept. of Plant Pathology, Rm. 253
1 Shields Ave. UC Davis
Davis, CA 95616

County _____ Date collected _____ Date mailed _____

Submitted by (Farm Advisor) _____ Phone _____

Office address _____ Email _____

Has this sample been treated with fungicide? _____

1. Plant _____ Variety(s) _____
2. Grower's Name _____ Contact: Phone/email _____
3. Total Crop Acreage _____ Acreage affected (%) _____
4. Previous crop history _____

5. Distribution of disorder. Check any that apply:

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Whole area | <input type="checkbox"/> Edge | <input type="checkbox"/> Field |
| <input type="checkbox"/> Large area | <input type="checkbox"/> Scattered | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Small area | <input type="checkbox"/> Poorly drained area | <input type="checkbox"/> Greenhouse |

6. Symptoms. Check any that apply

- | <u>Roots</u> | <u>Stems or Branches</u> | <u>Leaves</u> | <u>Flowers</u> | <u>Fruits</u> |
|---|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Rot | <input type="checkbox"/> Rot | <input type="checkbox"/> Rot | <input type="checkbox"/> Rot | <input type="checkbox"/> Rot |
| <input type="checkbox"/> Lesions | <input type="checkbox"/> Lesions | <input type="checkbox"/> Lesions | <input type="checkbox"/> Lesions | <input type="checkbox"/> Lesions |
| <input type="checkbox"/> Vascular discoloration | <input type="checkbox"/> Dieback | <input type="checkbox"/> Marginal necrosis | <input type="checkbox"/> Color break | <input type="checkbox"/> Deformed |
| | <input type="checkbox"/> Vascular discoloration | <input type="checkbox"/> Mottle | <input type="checkbox"/> Deformed | <input type="checkbox"/> Rot |
| | | <input type="checkbox"/> Chlorosis | | |
| | | <input type="checkbox"/> Deformed | | |

Other _____

7. Weather _____ Soil Type _____ Irrigation practices _____

8. Pesticides: (list names and rates if known)

9. Advisor's Tentative Diagnosis _____

10. Remarks (continue on back of page if necessary)

