

PLANT DISEASE SPECIMEN INFORMATION FORM

VEGETABLE & FIELD CROPS
COOPERATIVE EXTENSION
UNIVERSITY OF CALIFORNIA

Specimen No. _____

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Send to:
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County of sample origin: _____ Date mailed/delivered: _____

Grower/Farm/PCA name or other identifying information: _____

Submitted by (Farm Advisor) _____

If this is your first time: Phone: _____ Email _____

The grower is waiting on diagnosis for pesticide application This is for a research trial

Sample Information

1. Crop: _____ Variety(s) / resistance status (if relevant) _____

2. This is a: Field; Nursery; Greenhouse; Other: describe: _____

3. Area affected (%) (also provide total acreage if known) _____

4. Distribution of disorder. Check any that apply:

- Uniform across field Circular patches Next to a neighbor's field
- Only in certain rows Scattered / patchy Next to a riparian area
- Only on edge(s) Poorly drained area Near to a road

5. Symptoms. Check any that apply

<u>Roots</u>	<u>Crown/Stem/Canopy</u>	<u>Leaves</u>	<u>Flowers</u>	<u>Fruits</u>
<input type="checkbox"/> Rot	<input type="checkbox"/> Rot	<input type="checkbox"/> Speckled/ spots	<input type="checkbox"/> Rot	<input type="checkbox"/> Rot
<input type="checkbox"/> Lesions	<input type="checkbox"/> Lesions	<input type="checkbox"/> Marginal necrosis	<input type="checkbox"/> Lesions	<input type="checkbox"/> Lesions
<input type="checkbox"/> Bands	<input type="checkbox"/> Dieback	<input type="checkbox"/> Mottle	<input type="checkbox"/> Color break	<input type="checkbox"/> Deformed
	<input type="checkbox"/> Vascular discoloration	<input type="checkbox"/> Chlorosis	<input type="checkbox"/> Deformed	<input type="checkbox"/> Rot
	<input type="checkbox"/> Wilt	<input type="checkbox"/> Deformed		
	<input type="checkbox"/> Canopy bleaching	<input type="checkbox"/> Mildew		

Other symptoms _____

6. Pesticides: (list names and rates if known) _____

Advisor's Tentative Diagnosis _____

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