



Cornell University
Cooperative Extension
Rockland County

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Flower, Vegetable and Small Fruit Diagnosis \$7.00

The quality of your specimen is critical for receiving an accurate diagnosis. Please submit a sample that includes a progression of the problem on vegetative growth, such as stem with healthy to unhealthy foliage. Dead specimens (plant, stem, fruit/vegetable or leaf) are difficult and sometimes impossible to identify or diagnose.

Please Print

Name _____	Date Received _____
Address _____	Date Finished _____
City/State/Zip _____	Called _____
Phone _____	Sent F.S. <input type="checkbox"/>
Date Collected _____	

Name of Plant: _____ **Variety** _____

Date Planted _____ **Size of Plant** _____ **% Damage** _____ **Date Problem Noticed** _____

Onset of Symptoms: Overnight _____ Days _____ Weeks _____ Months or more _____

Site Conditions: Location of Plant	Started from: <input type="checkbox"/> Seed <input type="checkbox"/> Transplant	<input type="checkbox"/> Container <input type="checkbox"/> Mixed Planting <input type="checkbox"/> Raised Bed	<input type="checkbox"/> Mulch Depth of Mulch _____ Type of Mulch _____	Lime? <input type="checkbox"/> Yes <input type="checkbox"/> No pH _____
Exposure	<input type="checkbox"/> Sunny (6+ hrs)	<input type="checkbox"/> Partial Shade	<input type="checkbox"/> Full shade	
Site Faces	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
Terrain	<input type="checkbox"/> Low or Wet	<input type="checkbox"/> High or Dry	<input type="checkbox"/> Flat	<input type="checkbox"/> Sloped
Soil Type	<input type="checkbox"/> Clay	<input type="checkbox"/> Loam	<input type="checkbox"/> Sand	<input type="checkbox"/> Potting Soil
Drainage	<input type="checkbox"/> Slow (standing water more than 1 day)	<input type="checkbox"/> Medium (no standing water, but soil stays moist)	<input type="checkbox"/> Fast (runs off quickly)	
Watering Frequency <input type="checkbox"/> Occasional/Rarely <input type="checkbox"/> Never	<input type="checkbox"/> <Once weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> > Once weekly	Delivery Method <input type="checkbox"/> Watering Can	<input type="checkbox"/> Hose/Sprinkler <input type="checkbox"/> Drip <input type="checkbox"/> Auto Irrigation	Duration _____
Chemical Treatment	<input type="checkbox"/> None <input type="checkbox"/> Biostimulant	<input type="checkbox"/> Fertilizer <input type="checkbox"/> Insecticide	<input type="checkbox"/> Fungicide <input type="checkbox"/> Herbicide	What/When Applied _____

Pattern of Problem	<input type="checkbox"/> Single Plant <input type="checkbox"/> Random Plants <input type="checkbox"/> Entire Planting	<input type="checkbox"/> Upper Portion <input type="checkbox"/> Lower Portion <input type="checkbox"/> Entire Plant	<input type="checkbox"/> New Growth <input type="checkbox"/> Older Growth	<input type="checkbox"/> One Side Only <input type="checkbox"/> Other _____
Parts Affected	<input type="checkbox"/> Leaves <input type="checkbox"/> Stems	<input type="checkbox"/> Buds <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit	<input type="checkbox"/> Roots	
Symptoms	<input type="checkbox"/> Leaf Spot <input type="checkbox"/> Leaf Drop <input type="checkbox"/> Yellowing	<input type="checkbox"/> Burn or Scorch <input type="checkbox"/> Wilting <input type="checkbox"/> Dieback	<input type="checkbox"/> Stunting <input type="checkbox"/> Distortion <input type="checkbox"/> Galls or Swelling	<input type="checkbox"/> Rot/Fruit Decay Other _____

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