Cornell University
Cooperative Extension
Rockland County

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# Flower, Vegetable and Small Fruit Diagnosis $15.00

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 _____
Address _____
City/State/Zip _____
Phone _____Email_____
Date Collected _____

Date Received _____
Date Finished _____
Called _____
Sent F.S ☐

**Name of Plant:** _____ Variety_____
**Date Planted**_____ Size of Plant_____ % Damage_____ Date Problem Noticed_____
**Onset of Symptoms:** Overnight_____ Days_____ Weeks_____ Months or more_____

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

| | | | | |
|---|---|---|---|---|
| **Pattern of Problem** | ☐Single Plant<br>☐Random Plants<br>☐Entire Planting | ☐Upper Portion<br>☐Lower Portion<br>☐Entire Plant | ☐New Growth<br>☐Older Growth | ☐One Side Only<br><br>☐Other_____ |
| **Parts Affected** | ☐Leaves<br>☐Stems | ☐Buds<br>☐Flowers<br>☐Fruit | ☐Roots | |
| **Symptoms** | ☐Leaf Spot<br>☐Leaf Drop<br>☐Yellowing | ☐Burn or Scorch<br>☐Wilting<br>☐Dieback | ☐Stunting<br>☐Distortion<br>☐Galls or Swelling | ☐Rot/Fruit Decay<br><br>Other_____ |

**Office Use Only:**

May 2013