



Plant Diagnostic Clinic

Website plantclinic.agsci.colostate.edu

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Phone 970-491-6950

Mail to:
Plant Diagnostic Clinic
1177 Campus Delivery
Colorado State University
Fort Collins, CO 80524-1177

Sample Submission Form

(Name)

(Business/Organization)

(Billing address)

(City/state/zip code)

(Phone number)

(Email address)

- | | | | |
|---|------------------|------------------|-------------------------|
| <input type="checkbox"/> Disease diagnosis | _____ | _____ | _____ |
| | (Date collected) | (Date Submitted) | (County Collected) |
| <input type="checkbox"/> Plant identification | _____ | _____ | _____ |
| <input type="checkbox"/> Other: _____ | (Plant species) | (Plant variety) | (Location: yard, field) |

Symptoms	Parts affected	Affected zone	Affected plants	Timeline
<input type="checkbox"/> Abnormal growth	<input type="checkbox"/> Entire plant	<input type="checkbox"/> Top	<input type="checkbox"/> Single plant	When did symptoms first appear?
<input type="checkbox"/> Stunted growth	<input type="checkbox"/> Leaves	<input type="checkbox"/> Bottom	<input type="checkbox"/> Entire plant	_____
<input type="checkbox"/> Browning	<input type="checkbox"/> Branches	<input type="checkbox"/> New growth	<input type="checkbox"/> Edge of field	Did the problem show up all at once or gradually?
<input type="checkbox"/> Yellowing	<input type="checkbox"/> Flowers	<input type="checkbox"/> One side of plant	<input type="checkbox"/> Scattered plants	_____
<input type="checkbox"/> Wilting	<input type="checkbox"/> Stem/trunk	<input type="checkbox"/> Scattered on plant	<input type="checkbox"/> Groups of plants	Did the problem show up all at once or gradually?
<input type="checkbox"/> Leaf spots	<input type="checkbox"/> Roots	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sunny areas	_____
<input type="checkbox"/> Leaves dropping	<input type="checkbox"/> Fruit/seed		<input type="checkbox"/> Shaded areas	Is the problem getting worse? Y/ N
<input type="checkbox"/> Rot	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Partial sun	_____
<input type="checkbox"/> Tip dieback			<input type="checkbox"/> Wet areas	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____	

Plant History (Please describe plant care, fertilizers, pesticides, etc.)

Please send digital images to plantlab@colostate.edu.

You will receive a report and invoice for payment once diagnosis is complete.

For clinic use only

Date received: _____ Plant material submitted: _____

Comp Ans Rep Inv Pai

Clinicnotes: _____

ClinicID# _____