



# DIAGNOSTIC SUBMISSION FORM

## CAPE COD COOPERATIVE EXTENSION

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### DIAGNOSTIC INFORMATION

Are you a . . .  Homeowner *or*  Industry Professional

Reason for visit:  Insect ID  Plant ID  Disease ID (fill in section below)  
 Other \_\_\_\_\_

Date First Seen: \_\_\_\_\_ Where found? \_\_\_\_\_

Additional Information:

### DISEASE ID (Check all that apply)

Plant: \_\_\_\_\_ Cultivar: \_\_\_\_\_ Age: \_\_\_\_\_

Symptoms:  Spotting  Yellowing  Stunting  Die-back  Distorted  Other

Plant parts:  Leaves/Needles  Flowers  Fruit  Branches  Stems/Trunk  Roots  Other

Affected:  Single plant  Many plants Describe area \_\_\_\_\_  
 New growth  Old growth  Both

Site:  Garden bed  Container  Green House/Nursery  Field

Soil Type:  Soil-less  Well-drained  Loam  Potting mix  Heavy  Sandy Other: \_\_\_\_\_

Irrigation:  None  Overhead  Drip/Soaker How often? \_\_\_\_\_

Fertilizer:  No  Yes Describe: \_\_\_\_\_

Chemicals:  No  Yes Describe: \_\_\_\_\_

Additional Information:

HORTICULTURAL PROGRAM

**FOR OFFICE USE ONLY**

Insufficient specimen for diagnosis    Diagnosis: \_\_\_\_\_

Recommendations

Answered by:

Date:



United States Department of Agriculture and Massachusetts counties cooperating.  
University of Massachusetts Extension offers equal opportunity in programs and employment.

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