UMass Extension Plant Diagnostic Lab: HEMP FORM

UMEPDL -Lab 3, French Hall, 230 Stockbridge Road, Amherst, MA 01003

Telephone: (413) 545-3208 ag.umass.edu/diagnostics

⇒USE THIS FORM FOR:

Results are emailed to the client from pdisnoreply@ksu.edu



☐ Add media pH and soluble salts test (\$10)

Hemp Cultivar(s)					Date Collected								
Approximate	Age / Planting Date	е											
When Did Symptoms Occur?		% of Crop		rop Affected		Size of Planting							
Briefly Descri	be the Problem		l		-L								
Products Applied, Rates,													
Dates of Application													
Describe Site	Conditions and Re	levant Cultural	Practices										
Circle all that	Part(s) Affected	Symptoms	Symptom Distr	ihution Soi	l Type	Soil Moisture	<u>Irrigation</u>						
Container	Roots	Wilted	Scattered Scattered		less media	Wet	Overhead						
Field	Crown	Yellowed	Localized	Fiel	d Soil	Moderate	Drip						
Greenhouse	Stem	Stunted	Borders	San	ıdy	Dry	Flood						
Hydroponic	Leaves	Leaf	Edges	Cla	, /	Very Dry	None						
Other	Flower	Spot/Blight	All or Nearly A	II Loa	m		Other						
		Other	Other	_ Oth	er								
Contact		Firm			Address								
Town		State		Zip	Pho	one							
E-mail													
*Grower Lice	nse Number:												
*Mandatory. Samples received without this information will not be processed. THE FOLLOWING SECTIONS WILL BE COMPLETED BY DIAGNOSTIC LAB:													
THE FOLLOW	ING SECTIONS WI	LL BE COMPLE	TED BY DIAGNOS	TIC LAB:									
L													
Lab	Number	Date R	eceived	Date A	nswered		Payment						
* NOTE						Ver. 2024-AMM							

Send specimen to address above. Please include check payable to University of Massachusetts or receipt for online payment.

Disease, insect, or nematode analysis (\$50)

^{*} NOTE – Samples of other crops require alternate submission forms. Visit ag.umass.edu/diagnostics for copies.