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



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

$\Rightarrow$ USE THIS FORM	FOR:		Disea	ase, ins	ect, or ne	ematode	e analysis ( <b>\$5</b>	0)				
Hemp Cultivar(s)									Date Coll	ected	1	
Approximate Age /	Planting	Dat	e									
When Did Symptom	ns Occur	?				% c	of Crop Affect	ted		Size of Plant	ing	
Briefly Describe the	e Proble	m				·		·				
Products Applied, F	lates,											
Dates of Application	n											
Describe Site Cond	itions ar	nd Re	elevant	t Cultura	al Practic	es						
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Circle all that	1	0			0.117	0 11 11 1 1	
<u>Location</u>	Part(s) Affected	<u>Symptoms</u>	Symptom Distrib	ution	<u>Soil Type</u>	Soil Moisture	<b>Irrigation</b>
Container	Roots	Wilted	Scattered		Soilless media	Wet	Overhead
Field	Crown	Yellowed	Localized		Field Soil	Moderate	Drip
Greenhouse	Stem	Stunted	Borders		Sandy	Dry	Flood
Hydroponic	Leaves	Leaf	Edges		Clay	Very Dry	None
Other	Flower	Spot/Blight	All or Nearly All		Loam		Other
		Other	Other		Other		
Contact		Firm		Address			
Town		State		Zip	Pho	ne	

E-mail

## \*Grower License Number:

## \*Mandatory. Samples received without this information will not be processed. THE FOLLOWING SECTIONS WILL BE COMPLETED BY DIAGNOSTIC LAB:

Lab Number	Date Received	Date Answered	Payment					
Ver. 2024-AMM								

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