

**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](mailto:pdisnoreply@ksu.edu)Send specimen to address above. Please include check payable to *University of Massachusetts* or receipt for online payment.

<b>⇒USE THIS FORM FOR:</b>	<input type="checkbox"/> Disease, insect, or nematode analysis (\$50)	<input type="checkbox"/> Add media pH and soluble salts test (\$10)	
Hemp Cultivar(s):			Date Collected:
Approximate Age / Planting Date:			
When Did Symptoms Occur?		% of Crop Affected:	Size of Planting:
Briefly Describe the Problem:			
Products Applied, Rates,			
Dates of Application:			
Describe Site Conditions and Relevant Cultural Practices:			

**Circle all that apply:**

Location	Part(s) Affected	Symptoms	Symptom Distribution	Soil Type	Soil Moisture	Irrigation
Container	Roots	Wilted	Scattered	Soiless media	Wet	Overhead
Field	Crown	Yellowed	Localized	Field Soil	Moderate	Drip
Greenhouse	Stem	Stunted	Borders	Sandy	Dry	Flood
Hydroponic	Leaves	Leaf Spot/Blight	Edges	Clay	Very Dry	None
Other_____	Flower		All or Nearly All	Loam		Other_____
		Other_____	Other_____	Other_____		

Contact

Firm

Address

Town

State

Zip

Phone

E-mail

**\*Grower License Number:****\*A copy of your license MUST be submitted with this form. 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
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Ver. 2023-AMM

**\* NOTE** – Samples of other crops require alternate submission forms. Visit [ag.umass.edu/diagnostics](http://ag.umass.edu/diagnostics) for copies.