## UMass Extension Plant Diagnostic Lab: VEGETABLE and FLORICULTURE

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Send specimen to address above. Please include check payable to *University of Massachusetts* or receipt for online payment. ⇒USE THIS FORM FOR: ☐ Disease, Insect, or Nematode Analysis (\$50) ■ Analysis AND pH & EC Test (\$60) Host Plant: Cultivar: Date Collected: Plant Age /Planting Date: When Did Symptoms Occur? Size of Planting: % of Crop Affected: Briefly Describe the Problem: Products Applied, Rates, Dates of Application: Site Conditions and Relevant Cultural Practices: Circle all that apply: Location Part(s) Affected **Symptom** Soil Type **Soil Moisture** <u>Irrigation</u> **Symptoms** Distribution Wilted Scattered Wet Container Soilless Overhead Roots Field Soil Field Yellowed Localized Moderate Crown Drip Greenhouse Stunted **Borders** Stem Sandy Dry Flood Nursery Spot/Blight Very Dry None Leaves Edges Clay All or Nearly All Fruit Blight Hydroponic Flower Loam Other Fruit Other Other\_\_ Other Contact Firm Address Town State Zip Phone E-mail THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE DIAGNOSTIC LAB:

Lab Number	Date Received	Date Answered	Payment
Ver. 2023-AMM			