

Plant Sample Submission Form



COLORADO STATE UNIVERSITY
EXTENSION

Name: _____ Phone Number: _____

Address: _____

Email: _____

I would prefer to be contacted by: E-mail Phone

Name of Plant sample/picture sent into the office: _____

Date collected: _____ Date submitted: _____

What do you need from us?

- | | |
|--|--|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Identification and control advice |
| <input type="checkbox"/> Diagnosis & management recommendation | <input type="checkbox"/> Other (please specify) |

QUESTIONS

The following questions will help us make a more accurate diagnosis.

- Where is the plant growing? (example: next to the sidewalk, lawn, raised bed, etc)

- How long has it been planted? _____
- How do you manage this plant?
 - Water: Y_____N_____ How often? _____
 - Fertilizer: Y_____N_____ How often? _____
If using fertilizer, what is the name of the product or composition? _____
 - Pesticides: Y_____N_____ (near the vicinity of the plant or on the plant itself)
If using pesticides, what type(s) has (have) you used (select all that apply):
 - Insecticide (kill insects)
Name: _____ How often? _____
 - Fungicide (kill plant pathogens, fungi)
Name: _____ How often? _____
 - Herbicide (kill weeds):
Name: _____ How often? _____
- Describe the issue (include symptoms, signs, observations): _____

- What type of plant part or plant parts is (are) affected? Select all that apply.
Entire plant ____ Single Branch ____ Stem ____ Trunk ____ Leaves ____ Fruit ____ Seeds ____
- When did you first notice the issue (over a period of time, overnight, after a weather event, etc)?

- Are nearby plants affected? Y_____N_____
More of the same plant _____ Different plants _____
- Have you changed anything in the vicinity of the plant(s) (watering, digging, any soil movement)?

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What do you think the problem is?

Please draw a diagram of location, exposure (N, S, E, W) and area of plants affected: include and label structures such as trees, fence, driveway, buildings, etc.

N

W

E

S