



UNIVERSITY OF
GEORGIA

College of Agricultural &
 Environmental Sciences

**COMMERCIAL PLANT DISEASE
 SUBMISSION FORM***

County: _____
 Agent: _____
 Sample Number: _____
 Date (m/d/yyyy): _____

Athens Clinic:

Ansuya Jogi (ansuya@uga.edu)
 2105 Miller Plant Sciences Bldg.
 120 Carlton Street
 Athens, GA 30602-7274
 Phone: (706)-542-9157

Tifton Clinic:

Laxmi Pandey
 Room 116, 4604 Research Way
 Tifton, GA 31793
 Phone: (229) 848-2532
 laxmi.pandey@uga.edu

Call (706) 542-2571 to follow-up on samples submitted to Athens

Homepage: <http://plantpath.caes.uga.edu/extension/clinic.html>

Date (m/d/yyyy): _____ Plant Grower/Owner's Name: _____
 Plant Name: _____ Address: _____
 Variety: _____
 Sample Submitted by (Other than Grower/Owner): _____ Phone: _____
 e-mail: _____

Grower Category:	Farmer	Nursery	Greenhouse	Landscape	Golf Course
	Consultant	Research	Extension Specialist	Other (Specify): _____	

THE FOLLOWING INFORMATION IS IMPORTANT AND COULD HELP US DIAGNOSE THE PROBLEM CORRECTLY:

- Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc.

- Date/When planted: _____
- Follow-up to previous sample (sample #) _____
- When did you first noticed this problem? _____
- How has it spread since then? _____
- Amount and/or pattern of spread? _____
- Any other significant problems such as insects, fertility, weeds, etc.? _____
- Number of plants grown: _____ or Acres: _____
- Percent of those plants or acres affected: _____
- Type of Irrigation: _____ Frequency: _____

Is the problem affecting:	Association with Terrain:	Soil Moisture:	Soil Type:	Weather Conditions:	Temperature:
Scattered plants	No Association	Dry	Clay	Dry	Cold
Group of plants	In low areas	Moist	Loam	Humid	Moderate
Most of planting	In uplands	Wet	Sandy	Wet	Hot

- Previous crop(s) one year ago: _____ Two years ago: _____
 Problems on previous crops: _____
- Chemicals Applied (This information may help us determine disease potential):
 Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____
 Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____
 Chemical: _____ Rate: _____ Date last applied (mm/dd/yyyy): _____

DIAGNOSIS: _____

***THIS FORM IS FOR COMMERCIAL SAMPLES ONLY.** For the Homeowner submission form, go to:
<https://plantpath.caes.uga.edu/content/dam/caes-subsite/plant-pathology/extension-pdfs/Homeowner-Plant-Disease-Clinic-Form.pdf>
 Enter all samples online through PCLinic (<https://www.tssoft.com/PCLinic/Login.asp>).
 Print the PDF generated which contains the sample number needed to track and diagnose the sample. For more details on sample submission instructions, go to:
https://plantpath.caes.uga.edu/content/dam/caes-subsite/plant-pathology/extension-pdfs/Submitting-Samples-to-the-plant-disease-clinics_2024.pdf