

LEAVE SAMPLES ON LAB CART. RESULTS WILL BE PHONED OR EMAILED TO YOU.



Utah County Cooperative Extension Service  
100 East Center, L 600  
Provo, UT 84606 Phone: 801-370-8460

**FLOWERS**

Diagnostic Lab  
Form  
\$1.00 paid \_\_\_\_\_

1. Date \_\_\_\_\_

2. For: Commercial \_\_\_\_ Homeowner \_\_\_\_\_

3. Name  
\_\_\_\_\_

4. Mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

5. Phone Number: home \_\_\_\_\_

work \_\_\_\_\_

e-mail: \_\_\_\_\_

6. Plant Name (Common or Scientific):  
\_\_\_\_\_

7. Where is the plant found (Circle):  
Field      Forest      Nursery  
Indoors    Front Yard    Back Yard  
Lawn      Orchard      Greenhouse  
Other \_\_\_\_\_

8. Miscellaneous Information:  
Age of the plant \_\_\_\_\_  
Is the problem getting worse? \_\_\_\_\_  
When was the problem first observed?

9. What is the soil like? (Circle)  
Sandy      Loam      Clay      Other \_\_\_\_\_

10. Drainage: (Circle)  
Good      Fair      Poor

11. Watering:  
How often do you water? \_\_\_\_\_  
How long do you water? \_\_\_\_\_  
What time of day do you water? \_\_\_\_\_

Describe irrigation system: (Circle)  
Sprinkler      Soaker      By hand  
Stationary      Drip

12. Plant part(s) Affected: (Circle)  
Stems      Roots      Leaves  
Flowers      Fruit      Other \_\_\_\_\_

13. Symptoms: (Circle)  
Die Back      Yellowing      Leaf Drop  
Leafspots/blight      Leaf Holes  
Marginal Burn      Skeletonizing  
Borer Holes      Streaks      Mosaic  
Galls      Wilting  
Other: \_\_\_\_\_

14. Pesticides and fertilizers:  
Name of product \_\_\_\_\_  
Rate and date applied  
\_\_\_\_\_

15. Describe symptom development: