

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

**FRUIT** (tree  
fruit, raspberries,  
strawberries, &  
grapes)  
Diagnostic Lab  
Form  
\$1.00 paid \_\_\_\_\_

1. **Date:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

3. **Mailing Address:**

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. **Phone:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

5. **Plant Species:** \_\_\_\_\_  
(Scientific or common name) (Variety/Cultivar)

6. **Growing Situation (for tree fruits only):** \_\_\_\_\_ Residential lawn or garden  
\_\_\_\_\_ Orchard

7. **Plant Parts Affected:** (Circle)  
Stems Roots Leaves Blossoms Twigs/Branches Trunk Fruit

8. **Symptoms:** (Circle)  
Wilting Yellowing Dieback Marginal Burn Leaf Drop  
Leaf Spots/Blight Galls Skeletonizing Borer Holes  
Other \_\_\_\_\_

9. **Pesticides and Fertilizers:**  
Include Kind, Rate and Date Applied

**VERY IMPORTANT!**

10. **Distribution of Problem:** (Circle)

For Tree Fruit: A few branches Whole Tree  
Number of Plants Affected: \_\_\_\_\_ Percent Loss: \_\_\_\_\_

11. **Age of Plants:** \_\_\_\_\_ **Is the problem getting worse?** \_\_\_ Yes \_\_\_ No

12. **When was the problem first observed** \_\_\_\_\_

**PLEASE COMPLETE  
THE OTHER SIDE**

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**FRUIT SHEET (Continued)**

13. **How are you watering?** (Circle)

Sprinkler Flood Irrigation Other (explain): \_\_\_\_\_

14. **How often are the plants watered?** (Circle)

Every day      Every other day      Twice a week      Every 4-5 days  
Once a week      Other

15. **How long are they watered?** (Circle)

15 minutes      30 minutes      45 minutes      Other: \_\_\_\_\_

16. **What type of sprinkler is used?** (Circle)      Impact, or gear driven (rotating, or Rain bird type)

Stationery      Oscillating

17. **Have any weed killers been used within 50 feet of the plant in the last 5 years?**

\_\_\_\_ Yes      \_\_\_\_ No      If yes, what kind?

**VERY IMPORTANT!**

18. **Has any soil been added around the tree/shrub since it was planted?**      \_\_\_\_ Yes      \_\_\_\_ No

If yes, what kind? \_\_\_\_\_

If yes, how many inches of soil were added? \_\_\_\_ How long ago was the soil added? \_\_\_\_\_

**Describe symptom development and other relevant information. Be as complete as possible.**

*This information is critical for a correct diagnosis.*