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**University of Illinois • Plant Clinic Specimen Data Form**Plant Clinic • 1401 W. St. Mary's Road, Urbana, IL 61802 • 217) 333-0519

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**I L L I N O I S**

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Submitter \_\_\_\_\_

Grower \_\_\_\_\_

Check One: \_\_\_\_\_ Commercial \_\_\_\_\_ Home Grower

County \_\_\_\_\_

**OFFICE USE ONLY**

Plant Clinic # \_\_\_\_\_

Date Received \_\_\_\_\_

County \_\_\_\_\_

Charge \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_

**Send Response To:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Crop or Plant Name \_\_\_\_\_

Variety \_\_\_\_\_

Describe the Overall Pattern of Affected Plants In the Field, Nursery, or Landscaped Area:

\_\_\_\_\_  
\_\_\_\_\_

Describe the Symptoms on One Affected Plant:

\_\_\_\_\_  
\_\_\_\_\_

Symptoms Appeared in Past : Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_

Describe Conditions Prior to Symptom Development:

Temperature \_\_\_\_\_

Rainfall \_\_\_\_\_

Other \_\_\_\_\_

Planting History: Crop Two Years Ago \_\_\_\_\_ Crop One Year Ago \_\_\_\_\_

Soil Type: \_\_\_\_\_ pH \_\_\_\_\_ % Organic Matter \_\_\_\_\_

Soil Test Information \_\_\_\_\_

Type of Nitrogen Application \_\_\_\_\_

Chemicals Applied this Year \_\_\_\_\_

Fertilizer \_\_\_\_\_ Type of Application \_\_\_\_\_

Herbicide(s) \_\_\_\_\_ When Applied? \_\_\_\_\_

Insecticide(s) \_\_\_\_\_ When Applied? \_\_\_\_\_

Chemicals Applied Last Year \_\_\_\_\_

**Ornamentals:**

Approximate Age and Size \_\_\_\_\_

Condition of Nearby Species \_\_\_\_\_