

MAIL SAMPLES TO:

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THE UNIVERSITY OF ARIZONA
Cooperative Extension
 Yuma County Plant Pathology

FOR LAB USE ONLY**Sample No:****Received:****Paid: \$****Results:****YUMA PLANT HEALTH CLINIC SAMPLE SUBMISSION FORM**

Please fill out all the information in three easy steps. Refer to printed diagrams for explanation of terminology.
 Samples without adequate information cannot be processed.

STEP 1: YOUR CONTACT INFORMATION

Submitted by:	Circle one:	Submitted for:
Name:	Pest Control Adviser	Company:
Collection Date:	Extension Agent	Address:
City/Zip:	Commercial Grower	City/Zip:
County:	Home Grower	Country:
E-mail:	Research/Faculty	E-mail:
Phone:	Master Gardener	Phone:

STEP 2: HOST PLANT & SYMPTOM INFORMATION

Host: _____ **Variety:** _____ **Plant date:** _____

Circle all abnormal symptoms you're concerned with:

Overall Plant	Root	Stem/Branch	Leaf	Flower/Fruit
Stunted	Galls	Galls	Mosaic/Mottle/Ringspots	Mosaic/Mottle/Ringspots
Elongated	Cankers	Girdled	Wilt	Discolored
Wilted	Rot	Discolored	Discolored	Rot
Spotted/Mosaic	Discolored	Dieback	Blight	Deformed
Blighted	Stunted	Bent/Floppy	Deformed	Uneven ripening
Discolored	Brittle	Cankers	Spots	Spots
Other:	Other:	Other:	Other:	Other:

STEP 3: PLANT PRODUCTION & HISTORY OF PROBLEM

Type of Planting	Symptom Distribution	Symptom Appearance	Recent Fertilizer, Pesticide, Herbicide Sprays	Additional Information
Commercial field/orchard		Days		
Garden/home		Weeks		
Nursery/greenhouse		Months		
Other		Other		