



**IN OFFICE USE ONLY**  
**DO NOT SEND THIS FORM**

## HOMEOWNER IPM PLANT DISEASE CLINIC FORM

This form is to be used only within the County Agent Offices. **DO NOT MAIL THIS FORM TO THE PLANT DISEASE CLINIC.** Enter all HOMEOWNER samples online through the DDDI website (<http://www.dddi.org/uga/index.cfm>). Print the PDF/HTML form generated which contains the appropriate sample number needed to track and diagnosis the sample. Thanks!

All information below needs to be completed. If not applicable to your situation, please enter "NA" or "NONE" as appropriate.

Date: \_\_\_\_\_ Client's Name: \_\_\_\_\_  
 Plant Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Variety: \_\_\_\_\_  
 County: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Sample Submitted by (If other than Homeowner): \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

1. Which part of the plant is showing symptoms?  Above ground  Below ground  Both above and below ground
2. Which part of the plant has been examined for symptoms?  Above ground  Below ground  Both above and below
3. Describe the abnormal plant's appearance, such as dieback, marginal leaf burn, leaf spot, wilting, chlorosis, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Date planted: \_\_\_\_\_ 5. When did you first notice this problem? \_\_\_\_\_
6. How has it spread since then? \_\_\_\_\_
7. Any other significant problems such as insects, fertility, weeds, etc.? \_\_\_\_\_
8. Number of plants or acres grown: \_\_\_\_\_  Plants  Acres. 9. Percent of plants affected: \_\_\_\_\_ (1-100%).
10. Type of irrigation: \_\_\_\_\_ Frequency: \_\_\_\_\_
11. Exposure, such as sunny, shaded, mixed? \_\_\_\_\_

Is the problem affecting:	Association with Terrain:	Soil Moisture:	Soil Type:	Weather Conditions:	Temperature:
<input type="checkbox"/> Single Plant	<input type="checkbox"/> No association	<input type="checkbox"/> Dry	<input type="checkbox"/> Clay	<input type="checkbox"/> Dry	<input type="checkbox"/> Cold
<input type="checkbox"/> Scattered plants	<input type="checkbox"/> In low areas	<input type="checkbox"/> Moist	<input type="checkbox"/> Loam	<input type="checkbox"/> Humid	<input type="checkbox"/> Moderate
<input type="checkbox"/> Group of plants	<input type="checkbox"/> In uplands	<input type="checkbox"/> Wet	<input type="checkbox"/> Sandy	<input type="checkbox"/> Wet	<input type="checkbox"/> Hot
<input type="checkbox"/> Most of planting	<input type="checkbox"/> Near road, driveway, residence, edge of field				

12. Previous Crops One Year Ago: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_  
 Problems on Previous Crops: \_\_\_\_\_
13. Chemicals Applied (This information may help us determine disease potential. Please indicate type: fertilizers, weed killers, insecticides, or fungicides. If nothing was applied, indicate "None Applied"):
- Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_  
 Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_  
 Chemical: \_\_\_\_\_ Rate: \_\_\_\_\_ Date Last Applied: \_\_\_\_\_

COUNTY: \_\_\_\_\_ AGENT: \_\_\_\_\_

### PUTTING KNOWLEDGE TO WORK