

Mail sample and form to:
WSU Puyallup R.E.C.
Plant & Insect Diagnostic Lab
7612 Pioneer Way East
Puyallup, WA 98371-4998



Date sent _____

Date received _____

PC# _____

Fee _____

C1006

**PLANT PROBLEM DIAGNOSIS
ORNAMENTAL LANDSCAPES and HOME GARDENS
(one sample per form)**

Name _____ Phone (daytime) _____
Address _____ County _____
City _____ County Educator _____
State _____ Zip code _____ Commercial Applicator _____
Email _____
Commercial nursery _____ Commercial property _____ Home garden or landscape _____

Please fill out this form as completely as possible. It will provide us with the information we need to diagnose your plant problem and recommend the action you need to take. If you do not fill out this form we may not be able to provide you with a prompt, adequate answer to your plant problem.

- Type of plant:
 broadleaf tree tree fruit shrub/vine conifer
 flower/houseplant small fruit ground cover vegetable
- Name of plant _____ Variety (if known) _____
- Age of plant _____ When was plant planted in this location? _____
- Size of plant—approximate size (height and/or width) _____
- Please describe the problem in **your own words and then check** all that apply: _____

Patterns:

On affected plant:

- | | |
|---|---|
| <input type="checkbox"/> started at bottom and moves up | <input type="checkbox"/> started at top and moves down |
| <input type="checkbox"/> entire plant is affected | <input type="checkbox"/> damaged only on tips of branches |
| <input type="checkbox"/> damage only on one side
(N _ S _ E _ W _) | <input type="checkbox"/> damaged only on inside branches |

In landscape/planting:

- | | |
|--|---|
| <input type="checkbox"/> scattered plants affected | <input type="checkbox"/> several plants in a row affected |
| <input type="checkbox"/> only one plant affected | <input type="checkbox"/> all similar plants affected |

6. Illustrate or describe pattern of damage.

7. When did you first notice the problem (approximate date)? _____

_____ happened very quickly

_____ is getting worse

_____ happened gradually

_____ is not getting worse

8. Has this plant ever had this problem before? ____ **Yes** ____ **No** If yes, when? _____

9. Are other plants in your landscape/garden similarly affected? ____ **Yes** ____ **No** If yes, which ones and where are they located? _____

10. Plant parts affected and how affected (check all that apply):

Flowers
____ spots
____ wilted
____ distorted
____ insect injury
____ other _____

Fruit
____ blotches
____ dry
____ distorted
____ rotten/mushy
____ other _____

Leaves/needles
____ spots ____ wilted
____ fall off ____ rolled
____ distorted
____ yellowish
____ brown
____ other _____

Roots
____ brown (internally)
____ rotted
____ chewed
____ few roots
____ other _____

Twigs
____ dead
____ decayed area
____ sticky/weepy
____ other _____

Stems
____ dead
____ decayed area
____ sticky/weepy
____ other _____

Large branches
____ dead
____ decayed area
____ sticky/weepy
____ other _____

Trunk
____ dead/losing bark
____ decayed area
____ sticky/weepy
____ other _____

Whole plant
____ wilted
____ distorted
____ stunted
____ other _____

11. Have you checked the base of plants and/or roots to look for signs of a problem or injury to the plant? ____ **Yes** ____ **No** What did you find? _____

12. How was the plant planted? Check all that apply.

____ balled & burlapped
____ plastic pot
____ bare root
____ pot/burlap removed from root ball

____ peat/manure/compost added to backfill
____ peat/paper pot
____ other _____

____ fertilizer applied at planting or right after planting
____ planted by landscaper
____ planted by previous owner

13. Mulched with:

____ nothing
____ other _____

____ grass clippings

____ bark mulch (type _____)

14. How is plant watered?

System:

- hand watered
- sprinkler
- set sprinkler system
- drip/soaker hose/porous wall hose

Where is water applied:

- overhead watering
- individual emitter per plant
- water with lawn
- watered directly at base of plant
- watered at dripline

Watering frequency:

- times a week for _____ minutes each time
- as needed with checking soil
- as needed without checking soil but relative to weather conditions

15. Where is the plant situated?

- in garden
- in lawn
- in landscape bed
- in landscape berm/mound
- on lot line
- on a slope
- in nursery/ greenhouse

- next to driveway
- next to pool
- next to garage/carport
- next to road
- next to house
- next to sidewalk
- next to fence/deck/patio

- under eaves
- plant is shaded
- full sun
- exposure N__ S__ E__ W__
- windy location
- other

16. Soil situation:

- sandy soil
- loamy soil
- clay soil

- lots of rocks
- introduced top soil
- good drainage
- poor drainage

- white crust on soil
- shallow soil 6" or less depth
- soil the builder left

17. Chemicals applied to this plant(s) or to nearby plants in the last 12 to 18 months:

- | | | | |
|--------------------------------------|------------|--------------------|---------------------|
| <input type="checkbox"/> insecticide | type _____ | date applied _____ | where applied _____ |
| | type _____ | date applied _____ | where applied _____ |
| <input type="checkbox"/> fungicide | type _____ | date applied _____ | where applied _____ |
| | type _____ | date applied _____ | where applied _____ |
| <input type="checkbox"/> fertilizer | type _____ | date applied _____ | where applied _____ |
| | type _____ | date applied _____ | where applied _____ |

18. Have any of these weed-killers been used in your landscape/garden within the last two years?

- Weed n' Feed type lawn products—when & where _____
- Roundup, Kleen-up, Knock Out—when & where _____
- Triox, Noxall, Spike, other soil residual—when & where _____
- Casoron—when & where _____
- Others—names, when, & where _____

19. Do you use a separate sprayer when applying weed-killers and insecticides/fungicides?

Yes **No**

20. Have any of these happened to your affected plant or within your yard or garden in the past 3-5 years?

- construction or heavy equipment over soil
- change of soil grade—landscaping, pool installation
- soil/root injury—septic work, trenching, root removal or cutting, pool installation, construction
- addition to soil of a volume of organic matter or other soil additives
- trunk, bark injury—injury to plant from lawn mower or weed eater, staking wire, rope, twine
- extreme drought—no irrigation for several months in spring, summer, or fall months
- driveway or road paving nearby

21. What do you think the problem is? Have you tried a control? If you used a control please provide details (product name, rate, date of application). _____

Do not write in diagnosis space.

Diagnosed by: _____

Diagnosis: _____

SOURCE

Commercial _____
Home garden/landscape _____
Spray appl/landscape maint. _____
PCO _____
Landscape/arborist/consultant _____
Government _____
WSDA _____
Researcher _____
County Extension agent _____
WSU employee _____

SAMPLE QUALITY OF PLANTS

Excellent sample & info _____
Adequate sample & info _____
Poor sample _____
Poor information _____
Improper plant part _____
Damaged/rotted in transit _____
Sample and/or information
inadequate for diagnosis _____
Resample _____

PLANT HOST CATEGORY

SV Shrubs & vines
BT Broadleaf trees
CO Conifers
FL Flowers & bulbs
HP Houseplants
SF Small fruits & berries
TF Tree fruits
TU Turfgrass
VE Vegetables & herbs
GC Groundcovers

**PLANT DISEASE or PROBLEM
CATEGORY**

FUN Fungal
BAC Bacterial
VIR Viral
NEM Nematode
ABIO Abiotic
NPF No pathogen found
FOL Follow-up
NIF No insect found



College of Agriculture and Home Economics, Pullman, Washington

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