



## Plant Disease Diagnostic Submission Form

Please include a copy of this form with the specimen(s)

Permit N°: CDFA 3149

CONTACT INFORMATION:				
Date :		GPS Coordinate: N		W
Submitted by:		Company/Grower:		
Phone:		Address:		
E-mail:		City/Zip:		
HOST PLANT and Field INFORMATION:				
Host:		Cultivar:		Rootstock:
Irrigation practice:		Soil type:		Age:                      Vigor:
DISTRIBUTION OF DISORDER: (mark all that apply)				
Whole field		Scattered		Poorly drained area
Edge of field		Gathered		In a row
DESCRIPTION OF SYMPTOM(S): (circle all that apply)				
Crown/Roots	Stems/Branches	Leaves	Flowers	Fruits
Rot	Lesions	Lesions	Rot	Rot
Lesions	Canker	Mottle	Lesions	Lesions
Galls	Vascular discoloration	Chlorosis	Color break	Deformation
Vascular discoloration	Dieback	Deformation		
	Wilt	Marginal necrosis		
COMMENTS:				

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