THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

OSU Extension - Lake County Master Gardeners
105 Main Street Suite B402 phone: 440 853-2634
Painesville, OH 44077 email: MGVLakeCounty@gmail.com

PLANT SAMPLE SUBMISSION FORM

NAME (please print): _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

Home phone: _____ **Cell phone:** _____ **Email address:** _____
(Please circle best means of contact.)

SAMPLE TYPE (please check one)
_____ Tree/shrub
_____ Vegetable
_____ Fruit
_____ Weed
_____ Flower/ground cover
_____ Unknown

REASON FOR SUBMISSION (check all that apply)
_____ Plant identification
_____ Pest/disease identification or control
_____ Growing condition recommendations
_____ Helpline requested sample be brought in
_____ Other (explain)
_____

NAME OF SUBMISSION, INCLUDING VARIETY IF KNOWN: _____
Age of plant: _____ Recently transplanted? Yes/No When? _____

GROWING CONDITIONS (please check where applicable)
Site description (Where is your plant growing? Exposure?) _____
Sun/shade? _____ full sun _____ partial sun/shade _____ shade
Soil drainage? _____ well-drained _____ average _____ poorly drained/wet
Soil test results? _____ date last tested _____ pH (if known)

CULTURAL PRACTICES
Irrigation: Sprinkler system/hose? _____ How often? _____
Mulching: What kind of mulch? _____ Depth of mulch? _____
Fertilization/amendments: What was applied? _____ Amount? _____ When? _____
Pesticide application: What was applied? _____ How was it applied? _____ When? _____

PROBLEM DESCRIPTION
Date problem first noticed: _____ Number of plants affected: _____
Part of plant affected (circle all that apply): Roots Stem/Trunk Leaves Flowers Fruit
Area of plant affected (top, middle, bottom, all): _____

Please provide any additional pertinent information (for example: leaf/needle discoloration; leaf drop; wilting; stunted growth; dieback; open wounds; insect damage on leaves, branches or trunk; non-ripening of fruit or vegetables; etc.):

OSUE/MGV DIAGNOSIS

*** This side of form to be completed by OSUE office. ***

Population Served: _____Female Adult _____Female Youth _____Male Adult _____Male Youth

CONCLUSIONS Date: _____ MGV name: _____

ID/Diagnosis: _____

SUPPORTING DOCUMENTATION (OSU FS, other): _____

COMMUNICATION WITH CLIENT

Initial date of communication: _____	Phone: _____	Voicemail: _____	Email: _____	
Information supplied (list): _____				
Information supplied to client by:	Phone:	Voicemail:	Email:	Mail:

Further follow-up (if necessary)	By: _____			
Date of communication: _____	Phone: _____	Voicemail: _____	Email: _____	
Information supplied (list): _____				
Information supplied to client by:	Phone:	Voicemail:	Email:	Mail:

NOTES/COMMENTS