Forest Health Cooperative Forest Health Dynamics Laboratory

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https://fp.auburn.edu/ForestHealthCooperative/default.htm



Diagnostics Laboratory Use Only:						
Date Received:						
Received by:						

Tree Disease Diagnostic Form

Please include ALL relevant data; maintain an office copy; submit original copy with specimen.

Date Sample Taken:		Date Sample Shipped:			Sample No. () of ()	
Submitter Information:			Client Information: (If different from Submitter)		Sample ID:	
Name:						
Company:					Preferred conta	act method for results:
Address:					N 4 = : I .	Culturalitation Climate
City/Zip:						Submitter Client
Phone No:						Submitter Client
Fax No:					Email:	Submitter Client
Email:						
Troe (Dine or Hardwas	od can li	Selec	Site Informat tt ALL that apply.	ion		
	od spp.):					
Planting Type:				Other:		
Exposure:			Full shade	Windy	Protected	Irrigated
c =		% Slope:				
Soil Type:			Clay		Other:	
Age of Planting:			21 – 30		41 – 50	
Foliage Symptoms:			Yellowed			
Root Symptoms:		Resinous	Stained			
Insect Attack:		SPB	lps		Termites	Hylastes
Insect Damage:	 -	Branches	Bole	Roots		
Prevalence:	Entire Planting		Scattered	% Planting Affected	l:	
Degree of Damage:		Medium	Low			
Recent Chemicals:				ed:		
Recent Silviculture:	Thin	Prescribed fire	Other:			
Problem Description:						