Commercial Plant Diagnostic Clinic Form

Identification #________

PLEASE FILL OUT FORM CLEARLY, LABEL YOUR SAMPLE(S) WITH ID AND LEAVE ON TABLE. TAKE YELLOW COPY FOR YOUR RECORDS. AGENT(S) WILL CONTACT YOU WITHIN A WEEK.

DATE______

CONTACT PERSON________

BUSINESS________

ADDRESS________

PHONE________

FAX________

MOBILE________

E-MAIL________

Production Horticulture Agent:

Liz Felter - Production Horticulture
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E-Mail: Lfelter@ufl.edu

Specimen Name/Problems:________________________

___________________________________________

Chemicals Recently Applied:________________________

___________________________________________

OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

Diagnosis/Recommendations:________________________

___________________________________________

Please check:  □ WHITE  □ BLACK  □ HI/LA  □ A  □ NH/PI  □ AI/AN  □ MALE  □ FEMALE

HILIA = Hispanic/Latino   A = Asian   NH/PI = Native Hawaiians/Other Pacific Islanders   AI/AN = American Indians/Alaskan Native

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