

Code: 220  
 County: Sumner  
 Agent: \_\_\_\_\_  
 Date: 3-10-04

F654

**Insect and Plant Disease Specimen Form**

Jeff Smith (See reverse side for instructions.)

Grower/client: S+W Greenhouse Commercial:  Home Planting: \_\_\_\_\_  
 Address: P.O. Box 30 City/State: White House TN Zip Code: 37188  
 Plant/Crop: Roses - bare root Variety: see below Previous Crop: 615-672-0599  
 Date First Noticed: \_\_\_\_\_ Previous Occurrence: Yes \_\_\_\_\_ No \_\_\_\_\_ Telephone: \_\_\_\_\_

LOCATION	PARTS AFFECTED	DISTRIBUTION	APPEARANCE
House	Roots Stem Leaves	General	Wilted
Yard/Garden	Flowers Fruits	Scattered	Yellowed
Orchard		Certain Variety	Dead Leaf Area
Greenhouse	AFFECTED OF TOTAL	in Rows	Dead Plants
Nursery	% _____	in Spots	Stunted
Golf Course	Acres _____	in Low Areas	Leaf Spot
Plant Bed	Plants _____	in High Areas	Plant Distortions
Field	Sq. Ft. _____		Leaf Mottle/Mosaic

**DESCRIBE PROBLEM:** (Include symptoms, weather or soil conditions, possible causes and other information that may be helpful in diagnosing the problem.)

Fragrant cloud  
 Memorial Day  
 Secret  
 Crystalline cv. Arabiopy } weeks Roses

**Sample#170**

**CHEMICALS USED:**  
 (Name, date, rate and method of application.)

Do Not Write Below This Line

SAMPLE #: 170 DATE RECEIVED: 3-10-04 CONDITION UPON ARRIVAL: \_\_\_\_\_

**DIAGNOSIS:** Some mechanical or environmentally caused injury apparent in the graft union area, <sup>but</sup> No disease or insect activity could be found. Injuries were well calloused over and healing mostly completed. These injuries are cosmetic. ~~the~~ The overall health of the plants are excellent.

**CONTROL:** \_\_\_\_\_

Date Reply: 3-10-04 By: Tom Stebbins / David Cook

White: Grower Copy      Yellow: Extension Office Copy      Pink: Diagnostic Center Copy

Forward all copies to the Plant and Pest Diagnostic Center.