

## **University of California, Davis Department of Plant Pathology**

Permit Nº: CDFA 2749, 2887, 3593

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## **Plant Disease Diagnostic Submission Form**

Please include a copy of this form with the specimen and email to: <a href="mailto:eskalenlab@gmail.com">eskalenlab@gmail.com</a>

http://ucanr.edu/sites/eskalenlab								
Contact Information:								
Date:	GPS Cod	ordinate	: N	W				
Submitted by:			Company/Grower:					
Phone:		Address:						
Email:			City/Zip:					
Host Plant & Symptom Information								
Host:		Cultivar:		Rootstock:				
Irrigation practice:		Soil type:		Age:				
Description of symptom(s):								
Comments:								