

# Case History

## Nematode Assay and Plant Disease Diagnostic Laboratory

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Host plant \_\_\_\_\_ Cultivar \_\_\_\_\_ Date Collected \_\_\_\_\_

Contact \_\_\_\_\_ Firm \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Extension Agent/Scout \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Briefly describe the problem \_\_\_\_\_

\_\_\_\_\_

<u>Part affected</u>	<u>Symptoms</u>	<u>Soil-type</u>	<u>Soil moisture</u>	<u>Location</u>
Roots	Wilted	Soiless	Wet	Container
Crown	Yellowed	Soiless/soil	Moderate	Field
Stem	Stunted	Soil only	Dry	Greenhouse
Leaves	Leaf spot/Blight	Sandy	Very Dry	Nursery
Flower	Fruit blight	Clay		Hydroponic
Fruit	Other	Loam		Other

Approximate age/ Planting date / Length of time in present medium \_\_\_\_\_

Percent of crop affected \_\_\_\_\_ Size of planting \_\_\_\_\_ When did symptoms first occur? \_\_\_\_\_

Describe distribution of symptoms: scattered \_\_\_\_\_ localized \_\_\_\_\_ borders or edges \_\_\_\_\_ all or nearly all \_\_\_\_\_

Pesticides used recently \_\_\_\_\_ rate \_\_\_\_\_ date \_\_\_\_\_

Organic grower: Yes / No Field ID \_\_\_\_\_ Irrigation \_\_\_\_\_

Other relevant information \_\_\_\_\_

**Is a soil test being done for this specimen?** \_\_\_\_\_

**Laboratory** Condition of specimen Good Poor Insufficient for diagnosis

**Diagnosis and control**

Called \_\_\_\_\_ See attached information \_\_\_\_\_ Please pay \_\_\_\_\_ No charge \_\_\_\_\_

\_\_\_\_\_

Lab #

Date Received

Date Answered

By