

Grower's Name \_\_\_\_\_

Lab file # \_\_\_\_\_

## GREENHOUSE & HIGH TUNNEL SUPPLEMENTAL DIAGNOSTIC FORM

*Information to supplement the Plant Disease Diagnostic Form*

### Production & Production Practices

**Structure type**  Haygrove  heated greenhouse  high tunnel  low tunnel  other \_\_\_\_\_

**Production system**  containers  hydroponic  in-ground  other \_\_\_\_\_

**Soil or media**  natural soil  hydroponic solution  soilless media  other \_\_\_\_\_

**Mulch type** (soil coverage)  bark  plastic  straw  none  other \_\_\_\_\_

**Irrigation**  drip  ebb-and-flood  manual/hose  overhead sprinklers  other \_\_\_\_\_

**Water source**  acidified  municipal/city  pond  storage tank  well  other \_\_\_\_\_

**Fertility source**  slow release  soil amendment  water soluble  other \_\_\_\_\_

**Water-soluble fertilizer: Injector setting** (e.g. 1:1000) \_\_\_\_\_ **Desired concentration** (ppm N) \_\_\_\_\_

**Structure, equipment & growing conditions** (lighting, temperature, relative humidity, structure orientation)

\_\_\_\_\_  
\_\_\_\_\_

**Heat source**  electric  gas  heat mat  hot water  kerosene  other \_\_\_\_\_

**Cooling/ventilation source**  cooling pad  exhaust fans  open sidewalls  other \_\_\_\_\_

*(Include location of heater, fans & doors in **Additional Information**)*

### Crop Details

**Plant type or use**  production  retail sale  transplant  other \_\_\_\_\_

**Number of seasons in production** \_\_\_\_\_ **Crops grown the past 2-3 years** \_\_\_\_\_

**Crops/cultivars** (primary crops) \_\_\_\_\_

**Other crops grown** in this structure (describe location & placement) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Plant age** \_\_\_\_\_ **Seeding date** \_\_\_\_\_ **Planting date** \_\_\_\_\_

**History of disease, insect & abiotic problems** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Products applied** (rates & dates of fungicide, insecticide, plant growth regulator, fertilizer & herbicide applications) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Soil, Water & Tissue Test Results

**Soil/media test** (pH, salts, deficiencies; summarize or attach results) \_\_\_\_\_

\_\_\_\_\_

**Water quality test** (pH, salts, deficiencies; summarize or attach results) \_\_\_\_\_

\_\_\_\_\_

**Tissue test** (summarize or attach results) \_\_\_\_\_

\_\_\_\_\_

## Problems & Symptoms

**Symptoms** on primary crop & any other crops in structure (describe symptoms in detail for each, including symptom distribution on individual plants; example: interveinal chlorosis on lower leaves) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Symptom development** (time & rate) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Distribution** of symptomatic plants within planting (Example: only border plants showing symptoms)

\_\_\_\_\_

**Percent of crop affected** \_\_\_\_\_ or **Total number of plants out of the entire crop** \_\_\_\_\_

## Additional Information

*Include additional details, explanations, and/or diagrams here.  
Attach product labels, photos, or other documents (if available) to form.*