

Sample name	Date sent
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Collector	
Name:	
Email:	
Cell phone:	
Bot. Garden / Affiliation	

Plant		
Species:		Abundance in garden:
Place:		
Coordinates:	Latitude:	Longitude:
Area:	Choose an item.	<input type="checkbox"/> Other: <input type="checkbox"/> Specialized collection:
Symptoms	Overall: Crown: Leaves: Branches: Trunk: Stem/collar: Roots:	Symptom prevalence:
Other: (symptoms or observations)		

Sample		
Type and amount:	<input type="checkbox"/> Soil n: <input type="checkbox"/> Fine Roots n: <input type="checkbox"/> Roots n: <input type="checkbox"/> Collar n: <input type="checkbox"/> Seedlings n: <input type="checkbox"/> Stem segments n:	<input type="checkbox"/> Trunk pieces n: <input type="checkbox"/> Branches n: <input type="checkbox"/> Leaves n: <input type="checkbox"/> Flowers n: <input type="checkbox"/> Insects n: <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a> n:
Date collected:		
Observations:		