## Hemp Sample Submission Form



S-417 Turner F		ve. · Urbana, IL 61801 · Tel:(217) 333- illinois.edu/plant-clinic	0519
Sample ID # (Lab Use Only):			
Submitter Information		Submission Observations	
Name:		Date collected:	
Company/Organization:		Plant variety:	
Address:		Location (State/County/Farm):	
Phone:		Approx Age/Size:	
Email:		GPS point:	
Plant stage	Seedling Vegetative Flowering Harvest		
Pattern of symptoms	Entire field Several plants - grouped Several plants - scattered One plant		梁
Circle or list the parts of the plant(s) affected:			
symptom development, oth	<b>n</b> (symptoms, approx. date v er plants affected, soil descr	vhen symptoms started, rain or drought con iption):	ditions prior to
Agronomic Information			
Date planted:		Previous crop:	
Hemp grown for:	Seed Fiber	Irrigation: Yes	☐ No
Insecticide applied:		Fertilizer applied:	

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IL, IN, MI, and WI Hemp samples are free of charge as part of USDA-NIFA SAC program award #2022-38624-38368