

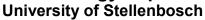
For office use only



Submit samples to:

Plant Pest Diagnosis Form (Insects)

Plant Pathology Department





Please supply debtor's code if



Lombardi building Victoria Street Stellenbosch Tel: (021) 808 4798/808 4223 Fax: (021) 808 4956	Your order number (if applicable): PO #:		Sample no:
Name: Na Company/Farm: Ph Address: E-		ne:	count (debtor code holder)
Phone:	Nam Pho E-m	ne:	
Plant Plant or Host:	Cult	ivar/Variety:	
Symptoms / Damage O Leaf drop O Tip burn O Fruit damage O Leaf discoloration O Dieback O Abnormal growth O Galls O Stunting O Slow decline O Sudden collapse O Root lesions O Other	Location of insects O Whole plant O Leaves O Growing tips O Blossoms O Fruit/nuts/seeds O Stem/Trunk O Twigs/branches O Roots O Tubers O Other Degree of injury O Light O Moderate O Severe	Distribution Distribution Entire field Single plant Scattered plants Group of plants Edge of field High areas Low areas Wet areas Dry areas Sunny areas Shaded areas Next to driveway Other Density of insect Single occurrence Several individuals Large scale outbreak	Host O Field/farm O Nursery O Landscape O Orchard/vineyard O Greenhouse O Forest O Indoor O Hydroponic O Garden O Golf course O Flowers O Human O Animal O Stored product O Other
	tivation history:		
Chemicals used in the ord	chard or vicinity:		

