



Plant Pest Diagnosis Form (Insects)

Plant Pathology Department

University of Stellenbosch

(E-mail: Plantsiektekliek@stellenbosch.onmicrosoft.com)



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Submit samples to:
Room 4002 / 4038
Lombardi building
Victoria Street
Stellenbosch
Tel: (021) 808 4798/808 4223
Fax: (021) 808 4956

Please supply debtor's code if you have an account with us:
Debt #: _____
Your order number (if applicable): _____
PO #: _____

For office use only
Sample no: _____
Contact: _____
Date rec: _____
Charge: _____
Invoice: _____

<p>Producer/Client</p> <p>Name: _____</p> <p>Company/Farm: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Person responsible for account (debtor code holder)</p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Additional recipients of report</p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
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Plant

Plant or Host: _____ Cultivar/Variety: _____

Symptoms / Damage	Location of insects	Distribution	Host
<input type="checkbox"/> Leaf drop <input type="checkbox"/> Tip burn <input type="checkbox"/> Fruit damage <input type="checkbox"/> Leaf discoloration <input type="checkbox"/> Dieback <input type="checkbox"/> Abnormal growth <input type="checkbox"/> Galls <input type="checkbox"/> Stunting <input type="checkbox"/> Slow decline <input type="checkbox"/> Sudden collapse <input type="checkbox"/> Root lesions <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Whole plant <input type="checkbox"/> Leaves <input type="checkbox"/> Growing tips <input type="checkbox"/> Buds <input type="checkbox"/> Blossoms <input type="checkbox"/> Fruit/nuts/seeds <input type="checkbox"/> Stem/Trunk <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Roots <input type="checkbox"/> Tubers <input type="checkbox"/> Other _____ <p>Degree of injury</p> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Entire field <input type="checkbox"/> Single plant <input type="checkbox"/> Scattered plants <input type="checkbox"/> Group of plants <input type="checkbox"/> Edge of field <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Sunny areas <input type="checkbox"/> Shaded areas <input type="checkbox"/> Next to driveway <input type="checkbox"/> Other _____ _____ <p>Density of insect</p> <input type="checkbox"/> Single occurrence <input type="checkbox"/> Several individuals <input type="checkbox"/> Large scale outbreak	<input type="checkbox"/> Field/farm <input type="checkbox"/> Nursery <input type="checkbox"/> Landscape <input type="checkbox"/> Orchard/vineyard <input type="checkbox"/> Greenhouse <input type="checkbox"/> Forest <input type="checkbox"/> Indoor <input type="checkbox"/> Hydroponic <input type="checkbox"/> Garden <input type="checkbox"/> Golf course <input type="checkbox"/> Flowers <input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Stored product <input type="checkbox"/> Other _____

Location information:

Location: _____ GPS position: _____

Previous planting and cultivation history: _____

Chemicals used in the orchard or vicinity: _____



Insect identifications and recommendations are done by:
Dr Pia Addison, 021 808 4671 pia@sun.ac.za
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Department of Conservation Ecology and Entomology