



Fruit Tree Disease Diagnosis Form

Plant Pathology Department

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UNIVERSITEIT
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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 #: _____

Report: English: Afrikaans:

For office use only

Sample no: _____

Contact: _____

Date rec: _____

Charge: _____

Invoice: _____

Producer/Client	Person responsible for account (debtor)
Name: _____	Name: _____
Farm: _____	Phone: _____
Address: _____	E-mail: _____
Phone: _____	Additional recipients of report
Fax: _____	Name: _____
E-mail: _____	Phone: _____
	E-mail: _____

Tree

Type: _____ Cultivar: _____ Root Stock: _____

Orchard#: _____ Plant date: _____ Ridging: Y / N ?

Trellis system / Plant width: _____ Mulch: Straw / Wood chips / Other ?

Describe the problem: _____

Disease symptoms	Affected parts	Distribution	Planting	Degree of injury
<input type="radio"/> Sudden die-back <input type="radio"/> Slow die-back <input type="radio"/> Gumming <input type="radio"/> Stem rot <input type="radio"/> Root rot <input type="radio"/> Cankers <input type="radio"/> Blister bark <input type="radio"/> Leaf spots <input type="radio"/> Galls <input type="radio"/> Leaf drop <input type="radio"/> Stunting <input type="radio"/> Fruit spots/decay <input type="radio"/> Leaf spots <input type="radio"/> Other _____ _____ _____	<input type="radio"/> Whole tree <input type="radio"/> New growth <input type="radio"/> Stems <input type="radio"/> Roots <input type="radio"/> Leaves <input type="radio"/> Blossoms <input type="radio"/> Fruit <input type="radio"/> Twigs/branches <input type="radio"/> Crown/collar <input type="radio"/> Buds <input type="radio"/> Other _____ _____ Internal discoloration <input type="radio"/> Root stock <input type="radio"/> Graft union <input type="radio"/> Scion	<input type="radio"/> Entire orchard <input type="radio"/> Single tree <input type="radio"/> Scattered trees <input type="radio"/> Group of trees <input type="radio"/> Trees in a row <input type="radio"/> Edge of orchard <input type="radio"/> High areas <input type="radio"/> Low areas <input type="radio"/> Wet areas <input type="radio"/> Dry areas <input type="radio"/> Next to drive <input type="radio"/> Other _____ _____ _____	<input type="radio"/> Nursery <input type="radio"/> Orchard <input type="radio"/> Hydroponic <input type="radio"/> Other _____ Irrigation type <input type="radio"/> Drip <input type="radio"/> Micro <input type="radio"/> Short radius Root development <input type="radio"/> Good <input type="radio"/> Average <input type="radio"/> Poor	<input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe Drainage <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Soil type <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Potting mix <input type="radio"/> Mix <input type="radio"/> Clay <input type="radio"/> Mulch

History

Chemicals used in the orchard or vicinity: _____

Previous orchard and cultivation history: _____
