



Seed Disease Diagnosis Form

Plant Pathology Department

University of Stellenbosch

(E-mail: Plantsiektekliniek@ Stellenbosch.onmicrosoft.com)



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: _____

<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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Seed

Crop: _____ Variety: _____ Year Produced: _____

LOT No.: _____ Field No.: _____ Sampled By: _____

Sample treated? Yes No Treatment used : _____

Analysis Requested

Germination
 General test for plant pathogenic fungi and bacteria
 Germination and General test for plant pathogenic fungi and bacteria
 Other (Specify) **(Please confirm beforehand with Clinic that these tests can in fact be done)**

- _____
- _____
- _____

Analysis does not include certification or quality assessments.