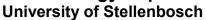


## **Seed Disease Diagnosis Form**

## **Plant Pathology Department**







Submit samples to: Room 4002 / 4038 Lombardi building Victoria Street Stellenbosch

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:

Name:	count (debtor code holder)
Company/Farm: Phone: Address: E-mail:	
Address: E-mail:	port
	port
Additional recipients of re	port
Additional recipients of re	
Phone: Name:	
Fax: Phone:	
E-mail:	
Seed	
Crop: Year Produced:	
LOT No.: Field No.: Sampled By	·
Sample treated? Yes No Treatment used :	
Analysis Requested	
O Germination O General test for plant pathogenic fungi and bacteria O Germination and General test for plant pathogenic fungi and bacteria O Other (Specify) (Please confirm beforehand with Clinic that these test	s can in fact be done)

Analysis does not include certification or quality assessments.