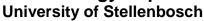
Plant Disease Diagnosis Form for Soil, Water, Growth

Media, Compost etc. **Plant Pathology Department**



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

STELLENBOSCH UNIVERSITY

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 #: Afrikaans:

Producer/Client Person responsible for account (debtor cod								code holder)
Name:	_			Name):			·
Company/Farm:				Phone:			<u>.</u>	
Address	s: _			E-mai	i:			<u>.</u>
	_			Addit	ional recipie	ents of repo	rt	
Phone:	_			Name	e:			<u>.</u>
Fax:				Phone:				
E-mail:			E-mail:					
	Client	Sampling	Block	Previous	Intended	Water	Degree	Treatments

DC Lab Ref	Client Ref (if applicable)	Sampling Date	Block Number (if applicable)	Previous Crop Planted (if applicable)	Intended Crop for planting (if applicable)	Water Source (if applicable)	Degree of Drainage (if applicable)	Treatments (if applicable)

Analysis Requested: O General plant pathogenic test for fungi and bacteria O Test for presence of Pythium and/or Phytophthora spp. (oomycetes) O Test for *Fusarium* spp. (general test) O Test for Rhizoctonia spp. (general test) O General nutrient analysis (Sample will be send to BEMLAB) O General nematode analysis (Sample will be send to NEMLAB) Other: _