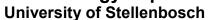


Vegetable Disease Diagnosis FormPlant Pathology Department







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 Name: Company/Farm: Address: Phone: Fax: E-mail:		Name: Phone: E-mail:	ecipients of report	t (debtor code holder)
Plant Crop or Plant: Planting date/approxir			ty: a affected:	
Disease symptoms O Wilting O Yellowing	Affected parts O Whole plant O New growth	Distribution O Entire field O Single plant	Planting O Field/farm O Nursery	Weather O Clear O Cloudy
O Tellowing O Die-back O Root rot O Stem rot O Leaf spots O Blight O Canker O Streak	O New growth O Stems O Roots O Leaves O Flowers O Fruit O Crown/collar O Other	O Scattered plants O Group of plants O Edge of field O High areas O Low areas O Wet areas	O Greenhouse O Hydroponic O Garden O Other	O Rainy O Windy O Heavy dews O Drought O Adequate moisture O Excess moisture
O Streak O Mosaic O Galls O Stunting O Fruit spots/decay O Scab O Distortion O Other	Soil type O Sandy O Loam O Potting mix O Mix O Clay O Mulch	O Dry areas O Sunny areas O Shaded areas O Next to pathway O Other	Drainage O Good Fair Poor	Degree of injury O Light O Moderate O severe
History Chemicals used in the	planting or vicinity:			

History Chemicals used in the planting or vicinity:
Previous planting and cultivation history:
When did the problem first appear: