



Vegetable Disease Diagnosis Form

Plant Pathology Department

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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

Name: _____
Company/Farm: _____
Address: _____
Phone: _____
Fax: _____
E-mail: _____

Person responsible for account (debtor code holder)

Name: _____
Phone: _____
E-mail: _____
Additional recipients of report
Name: _____
Phone: _____
E-mail: _____

Plant

Crop or Plant: _____ Cultivar/Variety: _____
Planting date/approximate age: _____ Numbers of ha affected: _____

Disease symptoms

- Wilting
- Yellowing
- Die-back
- Root rot
- Stem rot
- Leaf spots
- Blight
- Canker
- Streak
- Mosaic
- Galls
- Stunting
- Fruit spots/decay
- Scab
- Distortion
- Other

Affected parts

- Whole plant
- New growth
- Stems
- Roots
- Leaves
- Flowers
- Fruit
- Crown/collar
- Other

Soil type

- Sandy
- Loam
- Potting mix
- Mix
- Clay
- Mulch

Distribution

- Entire field
- Single plant
- Scattered plants
- Group of plants
- Edge of field
- High areas
- Low areas
- Wet areas
- Dry areas
- Sunny areas
- Shaded areas
- Next to pathway
- Other

Planting

- Field/farm
- Nursery
- Greenhouse
- Hydroponic
- Garden
- Other

Drainage

- Good
- Fair
- Poor

Weather

- Clear
- Cloudy
- Rainy
- Windy
- Heavy dews
- Drought
- Adequate moisture
- Excess moisture

Degree of injury

- Light
- Moderate
- severe

Describe the problem: _____

History

Chemicals used in the planting or vicinity: _____

Previous planting and cultivation history: _____

When did the problem first appear: _____