



Plant Disease Diagnosis Form

Plant Pathology Department

University of Stellenbosch

(E-mail: Plantsiektekliniiek@ 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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Plant

Crop or Plant: _____ Cultivar/Variety: _____

Planting date/approximate age: _____ Numbers of ha affected: _____

<p>Disease symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wilting <input type="checkbox"/> Yellowing <input type="checkbox"/> Dieback <input type="checkbox"/> Root rot <input type="checkbox"/> Stem rot <input type="checkbox"/> Leaf spots <input type="checkbox"/> Blight <input type="checkbox"/> Canker <input type="checkbox"/> Streak <input type="checkbox"/> Mosaic <input type="checkbox"/> Galls <input type="checkbox"/> Leaf/needle drop <input type="checkbox"/> Stunting <input type="checkbox"/> Fruit spots/decay <input type="checkbox"/> Distortion <input type="checkbox"/> Other <p>_____</p> <p>_____</p>	<p>Affected parts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Whole plant <input type="checkbox"/> New growth <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves/needles <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Crown/collar <input type="checkbox"/> Buds <input type="checkbox"/> Other <p>_____</p> <p>Soil type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Potting mix <input type="checkbox"/> Mix <input type="checkbox"/> Clay <input type="checkbox"/> Mulch 	<p>Distribution</p> <ul style="list-style-type: none"> <input type="checkbox"/> Entire field <input type="checkbox"/> Single plant <input type="checkbox"/> Scattered plants <input type="checkbox"/> Group of plants <input type="checkbox"/> Edge of field <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Sunny areas <input type="checkbox"/> Shaded areas <input type="checkbox"/> Next to driveway <input type="checkbox"/> Other <p>_____</p> <p>_____</p>	<p>Planting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Field/farm <input type="checkbox"/> Nursery <input type="checkbox"/> Landscape <input type="checkbox"/> Orchard <input type="checkbox"/> Greenhouse <input type="checkbox"/> Forest <input type="checkbox"/> Indoor <input type="checkbox"/> Hydroponic <input type="checkbox"/> Garden <input type="checkbox"/> Golf course <input type="checkbox"/> Flowers <input type="checkbox"/> Other <p>_____</p> <p>Drainage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 	<p>Weather</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rainy <input type="checkbox"/> Windy <input type="checkbox"/> Heavy dews <input type="checkbox"/> Drought <input type="checkbox"/> Adequate moisture <input type="checkbox"/> Excess moisture <p>Degree of injury</p> <ul style="list-style-type: none"> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
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Describe the problem: _____

History

Chemicals used in the planting or vicinity: _____

Previous planting and cultivation history: _____

When did the problem first appear: _____