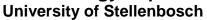




## **Plant Pest Diagnosis Form (Insects)**

## Plant Pathology Department





Submit samples to: Room 4002 / 4038 Lombardi building Victoria Street Stellenbosch Tel: (021) 808 4798/80

Stellenbosch Tel: (021) 808 4798/808 4223 Fax: (021) 808 4956

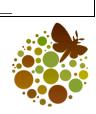
Please supply debtor's code if you have an account with us:
Debt #:
Your order number (if applicable): PO #:

Contact: Date rec: Charge: _	use only		

Producer/Client	Perso	on responsible for accor	unt (debtor code holder)
Name:	Name	Name:Phone:	
Company/Farm:	Phone		
Address:	E-mai	l:	
	Addit	ional recipients of repo	rt
Phone:	Name	Name:	
Fax:	Phone	e:	
E-mail:	E-mai	l:	
Plant			
Plant or Host:	Cultiv	ar/Variety:	
Symptoms / Damage	Location of insects	Distribution	Host
O Leaf drop O Tip burn O Fruit damage O Leaf discoloration O Dieback O Abnormal growth O Galls O Stunting O Slow decline O Sudden collapse O Root lesions O Other	O Whole plant C Leaves Growing tips Buds Blossoms Fruit/nuts/seeds Stem/Trunk Twigs/branches Roots Tubers Other  Degree of injury Light Moderate Severe	O Entire field O Single plant O Scattered plants O Group of plants O Edge of field O High areas O Low areas O Wet areas O Dry areas O Sunny areas O Shaded areas O Next to driveway O Other  Density of insect O Single occurrence O Several individuals	O Field/farm O Nursery O Landscape O Orchard/vineyard O Greenhouse O Forest O Indoor O Hydroponic O Garden O Golf course O Flowers O Human O Animal O Stored product O Other



Chemicals used in the orchard or vicinity:\_



Previous planting and cultivation history:

\_\_\_\_\_GPS position: \_\_\_\_\_