Plant Disease Diagnosis Form

Plant Pathology Department

University of Stellenbosch

**Please supply debtor’s code if you have an account with us:**

**Debt #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Your order number (if applicable):**

**PO #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only**

**Submit samples to:**

**Room 4002 / 4038**

**Lombardi building**

**Victoria Street**

**Stellenbosch**

**Tel: (021) 808 4798/808 4223**

**Fax: (021) 808 4956**

**Sample no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date rec: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Producer/Client Person responsible for account (debtor code holder)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Farm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional recipients of report

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Plant

#### Crop or Plant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cultivar/Variety:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planting date/approximate age:\_\_\_\_\_ Numbers of ha affected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disease symptomsWilting Yellowing DiebackRoot rotStem rotLeaf spotsBlightCankerStreakMosaicGallsLeaf/needle dropStuntingFruit spots/decayDistortionOther  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Affected partsWhole plantNew growthStems RootsLeaves/needlesFlowersFruitTwigs/branchesCrown/collarBudsOther **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Soil typeSandyLoamPotting mixMixClayMulch | DistributionEntire fieldSingle plantScattered plantsGroup of plantsEdge of fieldHigh areasLow areasWet areasDry areasSunny areasShaded areasNext to drivewayOther **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | PlantingField/farmNurseryLandscapeOrchardGreenhouseForestIndoorHydroponicGardenGolf courseFlowersOther **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DrainageGoodFairPoor | WeatherClearCloudyRainyWindyHeavy dewsDroughtAdequate moistureExcess moistureDegree of injuryLightModeratesevere |
| **Describe the problem**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## History

Chemicals used in the planting or vicinity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous planting and cultivation history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the problem first appear:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_