

Turf Disease Diagnosis Form

Plant Disease Clinic

University of Stellenbosch

(E-mail: Plantsiektekliek@ Stellenbosch.onmicrosoft.com)

Submit samples to:
Plant Disease Clinic
Paul vd Bijl
Suidwal
Welgevallen
Stellenbosch
Tel: (021) 808 3222

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

Turf species: _____ Variety: _____

Established date/approximate age: _____ When did symptoms first appear: _____

<p>Disease symptoms</p> <p><input type="checkbox"/> Wilted</p> <p><input type="checkbox"/> Yellow / Chlorotic</p> <p><input type="checkbox"/> Dieback</p> <p><input type="checkbox"/> Root rot</p> <p><input type="checkbox"/> Leaf spots</p> <p><input type="checkbox"/> Greasy/water-soaked</p> <p><input type="checkbox"/> Stunted</p> <p><input type="checkbox"/> Matted</p> <p><input type="checkbox"/> Thin</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>	<p>Pattern of symptoms</p> <p><input type="checkbox"/> Spots</p> <p><input type="checkbox"/> Circles</p> <p><input type="checkbox"/> Patches</p> <p><input type="checkbox"/> Rings</p> <p><input type="checkbox"/> Irregular</p> <p><input type="checkbox"/> Uniform</p> <p><input type="checkbox"/> Strips</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>	<p>Distribution</p> <p><input type="checkbox"/> Localized</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Widespread</p> <p><input type="checkbox"/> High areas</p> <p><input type="checkbox"/> Low areas</p> <p><input type="checkbox"/> Wet areas</p> <p><input type="checkbox"/> Dry areas</p> <p><input type="checkbox"/> Sunny areas</p> <p><input type="checkbox"/> Shaded areas</p> <p><input type="checkbox"/> Compacted area</p> <p><input type="checkbox"/> High Traffic</p> <p><input type="checkbox"/> Excess thatch</p> <p><input type="checkbox"/> Slopes</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>	<p>Use of turf</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Tee</p> <p><input type="checkbox"/> Fairway</p> <p><input type="checkbox"/> Rough</p> <p><input type="checkbox"/> Home lawn</p> <p><input type="checkbox"/> Commercial landscape</p> <p><input type="checkbox"/> Athletic field</p> <p><input type="checkbox"/> Rugby field</p> <p><input type="checkbox"/> Cricket field</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>Drainage</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p>	<p>Weather</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Cloudy</p> <p><input type="checkbox"/> Rainy</p> <p><input type="checkbox"/> Windy</p> <p><input type="checkbox"/> Heavy dews</p> <p><input type="checkbox"/> Drought</p> <p><input type="checkbox"/> Adequate moisture</p> <p><input type="checkbox"/> Excess moisture</p> <p>Degree of injury</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> severe</p>
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Describe the problem: _____

Chemical history

Please list all fertilizer, fungicide, insecticide etc. applications made during the last month: _____
