



# Diagnosis Form for Swabs and Fruit washings

## Stellenbosch Plant Disease Clinic

### University of Stellenbosch

(E-mail: [Plantsiektekliniiek@ Stellenbosch.onmicrosoft.com](mailto: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><b>Producer/Client</b></p> <p>Name: _____</p> <p>Company/Farm: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p><b>Person responsible for account (debtor code holder)</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p><b>Additional recipients of report</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
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**Analysis Requested:**

General plant pathogenic test for fungi and bacteria

Test for Post-Harvest pathogens (eg. *Penicillium*, *Botrytis*, etc.)

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DC Lab Ref	Client Ref <small>(if applicable)</small>	Sampling Date <small>(if applicable)</small>	Block Number <small>(if applicable for orchard)</small>	Cultivar <small>(if applicable)</small>	PUC Code <small>(if applicable)</small>	Packhouse Sampling point <small>(if applicable)</small>	Treatments <small>(if applicable)</small>

Please turn page

