

Fruit Crop 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: _____

Producer/Client	Person responsible for account (debtor)
Name: _____	Name: _____
Farm: _____	Phone: _____
Address: _____	E-mail: _____
Phone: _____	Additional recipients of report
Fax: _____	Name: _____
E-mail: _____	Phone: _____
	E-mail: _____

Tree

Type: _____ Cultivar: _____ Root Stock: _____

Orchard#: _____ Plant date: _____ Ridging: Y / N ?

Trellis system / Plant width: _____ Mulch: Straw / Wood chips / Other ?

Describe the problem: _____

Disease symptoms	Affected parts	Distribution	Planting	Degree of injury
<input type="checkbox"/> Sudden die-back <input type="checkbox"/> Slow die-back <input type="checkbox"/> Gumming <input type="checkbox"/> Stem rot <input type="checkbox"/> Root rot <input type="checkbox"/> Cankers <input type="checkbox"/> Blister bark <input type="checkbox"/> Leaf spots <input type="checkbox"/> Galls <input type="checkbox"/> Leaf drop <input type="checkbox"/> Stunting <input type="checkbox"/> Fruit spots/decay <input type="checkbox"/> Leaf spots <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Whole tree <input type="checkbox"/> New growth <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Blossoms <input type="checkbox"/> Fruit <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Crown/collar <input type="checkbox"/> Buds <input type="checkbox"/> Other _____ _____ Internal discoloration <input type="checkbox"/> Root stock <input type="checkbox"/> Graft union <input type="checkbox"/> Scion	<input type="checkbox"/> Entire orchard <input type="checkbox"/> Single tree <input type="checkbox"/> Scattered trees <input type="checkbox"/> Group of trees <input type="checkbox"/> Trees in a row <input type="checkbox"/> Edge of orchard <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Next to drive <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Hydroponic <input type="checkbox"/> Other _____ Irrigation type <input type="checkbox"/> Drip <input type="checkbox"/> Micro <input type="checkbox"/> Short radius Root development <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Drainage <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Soil type <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

History

Chemicals used in the orchard or vicinity: _____

Previous orchard and cultivation history: _____
