



Plant Disease Diagnosis Form for, Soil, Water, Growth Media, Compost



**Plant Disease Clinic
University of Stellenbosch**

(E-mail: Plantsiektekliniiek@ 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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DC Lab Ref	Client Ref <small>(if applicable)</small>	Sampling Date	Block Number <small>(if applicable)</small>	Previous Crop Planted <small>(if applicable)</small>	Intended Crop for planting <small>(if applicable)</small>	Water Source <small>(if applicable)</small>	Degree of Drainage <small>(if applicable)</small>	Treatments <small>(if applicable)</small>

Analysis Requested:

General plant pathogenic test for fungi and bacteria
 Test for presence of *Pythium* and/or *Phytophthora* spp. (oomycetes)
 Test for *Fusarium* spp. (general test)
 Test for *Rhizoctonia* spp. (general test)
 Other: _____

