

Plant Disease Diagnosis Form for Swabs and Fruit washings



Plant Pathology Department
University of Stellenbosch
 (E-mail: 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>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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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

