Plant Disease Diagnosis Form

Plant Pathology Department

University of Stellenbosch

**Please supply debtor’s code if you have an account with us:**

**Debt #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Your order number (if applicable):**

**PO #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only**

**Submit samples to:**

**Room 4002 / 4038**

**Lombardi building**

**Victoria Street**

**Stellenbosch**

**Tel: (021) 808 4798/808 4223**

**Fax: (021) 808 4956**

**Sample no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date rec: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Producer/Client Person responsible for account (debtor code holder)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Farm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional recipients of report

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Plant

#### Crop or Plant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cultivar/Variety:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planting date/approximate age:\_\_\_\_\_ Numbers of ha affected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disease symptoms  Wilting  Yellowing  Dieback  Root rot  Stem rot  Leaf spots  Blight  Canker  Streak  Mosaic  Galls  Leaf/needle drop  Stunting  Fruit spots/decay  Distortion  Other  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Affected parts Whole plant  New growth  Stems  Roots  Leaves/needles  Flowers  Fruit  Twigs/branches Crown/collar Buds  Other  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Soil type Sandy  Loam  Potting mix  Mix  Clay  Mulch | Distribution Entire field  Single plant  Scattered plants  Group of plants  Edge of field  High areas  Low areas  Wet areas  Dry areas  Sunny areas  Shaded areas  Next to driveway  Other  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Planting Field/farm  Nursery  Landscape  Orchard  Greenhouse  Forest  Indoor  Hydroponic  Garden  Golf course  Flowers  Other  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Drainage Good  Fair  Poor | Weather Clear  Cloudy  Rainy  Windy  Heavy dews  Drought  Adequate moisture  Excess moisture Degree of injury Light  Moderate  severe |
| **Describe the problem**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

## History

Chemicals used in the planting or vicinity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous planting and cultivation history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the problem first appear:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_