



Diagnosis Form for Swabs and Fruit washings

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>
--	---

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

