

Plant Disease Identification Form

Plant Pathology Department

University of Stellenbosch

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 #: _____

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>Fax: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
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Plant

Plant: _____ Variety: _____

Planting date/approximate age: _____ Numbers of ha affected: _____

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

History

Chemicals used in the planting or vicinity: _____

Previous planting and cultivation history: _____

When did the problem first appear: _____