

Fruit Tree 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: _____

Producer/Client	Person responsible for account (debtor)
Name: _____	Name: _____
Farm: _____	Phone: _____
Address: _____	E-mail: _____
Phone: _____	Additional recipients of report
Fax: _____	Name: _____
E-mail: _____	Fax: _____
	Phone: _____
	E-mail: _____

Tree

Type: _____ Cultivar: _____ Root Stock: _____
 Orchard#: _____ Plant date: _____ Ridging: Y / N ?
 Trellis system / Plant width: _____ Mulch: Straw / Wood chips / Other ?

Describe the problem: _____

Disease symptoms <input type="checkbox"/> Sudden die back <input type="checkbox"/> Slow die back <input type="checkbox"/> Gumming <input type="checkbox"/> Stem rot <input type="checkbox"/> Root rot <input type="checkbox"/> Cankers <input type="checkbox"/> Blister bark <input type="checkbox"/> Leaf spots <input type="checkbox"/> Galls <input type="checkbox"/> Leaf drop <input type="checkbox"/> Stunting <input type="checkbox"/> Fruit spots/decay <input type="checkbox"/> Leaf spots <input type="checkbox"/> Other	Affected parts <input type="checkbox"/> Whole tree <input type="checkbox"/> New growth <input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers <input type="checkbox"/> Fruit <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Crown/collar <input type="checkbox"/> Buds <input type="checkbox"/> Other Internal discoloration <input type="checkbox"/> Root stock <input type="checkbox"/> Graft union <input type="checkbox"/> Scion	Distribution <input type="checkbox"/> Entire orchard <input type="checkbox"/> Single tree <input type="checkbox"/> Scattered trees <input type="checkbox"/> Group of trees <input type="checkbox"/> Trees in a row <input type="checkbox"/> Edge of orchard <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Next to drive <input type="checkbox"/> Other	Planting <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Hydroponic <input type="checkbox"/> Other Irrigation type <input type="checkbox"/> Drip <input type="checkbox"/> Micro <input type="checkbox"/> Short radius Root development <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	Degree of injury <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Drainage <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Soil type <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy
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History
 Chemicals used in the orchard or vicinity: _____

 Previous orchard and cultivation history: _____
