



Plant Pest Diagnosis Form (Insects)

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

Name: _____

Company/Farm: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Person responsible for account (debtor code holder)

Name: _____

Phone: _____

E-mail: _____

Additional recipients of report

Name: _____

Phone: _____

E-mail: _____

Plant

Plant or Host: _____ Cultivar/Variety: _____

Symptoms / Damage	Location of insects	Distribution	Host
<input type="checkbox"/> Leaf drop <input type="checkbox"/> Tip burn <input type="checkbox"/> Fruit damage <input type="checkbox"/> Leaf discoloration <input type="checkbox"/> Dieback <input type="checkbox"/> Abnormal growth <input type="checkbox"/> Galls <input type="checkbox"/> Stunting <input type="checkbox"/> Slow decline <input type="checkbox"/> Sudden collapse <input type="checkbox"/> Root lesions <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Whole plant <input type="checkbox"/> Leaves <input type="checkbox"/> Growing tips <input type="checkbox"/> Buds <input type="checkbox"/> Blossoms <input type="checkbox"/> Fruit/nuts/seeds <input type="checkbox"/> Stem/Trunk <input type="checkbox"/> Twigs/branches <input type="checkbox"/> Roots <input type="checkbox"/> Tubers <input type="checkbox"/> Other _____ Degree of injury <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Entire field <input type="checkbox"/> Single plant <input type="checkbox"/> Scattered plants <input type="checkbox"/> Group of plants <input type="checkbox"/> Edge of field <input type="checkbox"/> High areas <input type="checkbox"/> Low areas <input type="checkbox"/> Wet areas <input type="checkbox"/> Dry areas <input type="checkbox"/> Sunny areas <input type="checkbox"/> Shaded areas <input type="checkbox"/> Next to driveway <input type="checkbox"/> Other _____ _____ Density of insect <input type="checkbox"/> Single occurrence <input type="checkbox"/> Several individuals <input type="checkbox"/> Large scale outbreak	<input type="checkbox"/> Field/farm <input type="checkbox"/> Nursery <input type="checkbox"/> Landscape <input type="checkbox"/> Orchard/vineyard <input type="checkbox"/> Greenhouse <input type="checkbox"/> Forest <input type="checkbox"/> Indoor <input type="checkbox"/> Hydroponic <input type="checkbox"/> Garden <input type="checkbox"/> Golf course <input type="checkbox"/> Flowers <input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Stored product <input type="checkbox"/> Other _____

Location information:

Location: _____ GPS position: _____

Previous planting and cultivation history: _____

Chemicals used in the orchard or vicinity: _____



Insect identifications and recommendations are done by:
Dr Pia Addison <pia@sun.ac.za> / Caro Kapp <ckapp@sun.ac.za>, 021 808 9600
JS Marais Building Room 2021, Victoria Street, Stellenbosch
Department of Conservation Ecology and Entomology

