

Plant Pest Diagnosis Form (Insects)

Plant Disease Clinic

University of Stellenbosch





Submit samples to: Plant Disease Clinic Paul vd Bijl Suidwal Welgevallen Stellenbosch Tel: (021) 808 3222	you have an account with us: Debt #: Your order number (if applicable):		For office use only Sample no: Contact: Date rec: Charge:
Producer/Client Name: Company/Farm: Address: Phone: Fax: E-mail:	Name Phon E-ma	e: e: tional recipients of re e: e:	count (debtor code holder)
Plant or Host: Cultivar/Variety:			
Symptoms / Damage O Leaf drop O Tip burn O Fruit damage O Leaf discoloration O Dieback O Abnormal growth O Galls O Stunting O Slow decline O Sudden collapse O Root lesions O Other	Location of insects O Whole plant Leaves Growing tips Buds Blossoms Fruit/nuts/seeds Stem/Trunk Twigs/branches Roots Tubers Other Degree of injury Light Moderate Seaves	Distribution O Entire field O Single plant O Scattered plants O Group of plants O Edge of field O High areas O Low areas O Wet areas O Dry areas O Sunny areas O Shaded areas O Next to driveway O Other Density of insect O Single occurrence O Several individuals O Large scale outbreak	Host O Field/farm O Nursery C Landscape O Orchard/vineyard O Greenhouse O Forest O Indoor O Hydroponic O Garden O Golf course O Flowers O Human O Animal O Stored product O Other
	vation history:	·	