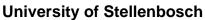


## Plant Disease Diagnosis Form for, Soil, Water, Growth Media, Compost

## **Plant Disease Clinic**



(E-mail: Plantsiektekliniek@stellenbosch.onmicrosoft.com)



Submit samples to: Plant Disease Clinic Paul vd Bijl Suidwal
Welgevallen
Stellenbosch Tel: (021) 808 3222

Producer/Client

Company/Farm:\_\_\_

Name:

Address:

Please supply debtor's code if you have an account with us:
Debt #:
Your order number (if applicable):
PO #:
Report: English: Afrikaans .

Name:

Phone:

E-mail:

For office use only Sample no: Contact: Date rec: Charge:	
Invoice:	

Person responsible for account (debtor code holder)

				Addit	ionai recipi	ents or repor	τ	
Phone:				Name: _				
Fax:				Phone	e:			
E-mail:				E-ma	il:			
DC Lab Ref	Client Ref (if applicable)	Sampling Date	Block Number (if applicable)	Previous Crop Planted (if applicable)	Intended Crop for planting (if applicable)	Water Source (if applicable)	Degree of Drainage (if applicable)	Treatments (if applicable)
				, , ,	, ,,		, ,,	

	Analysis Requested:
O Test for O Test for	al plant pathogenic test for fungi and bacteria r presence of <i>Pythium</i> and/or <i>Phytophthora</i> spp. (oomycetes) r <i>Fusarium</i> spp. (general test) r <i>Rhizoctonia</i> spp. (general test)