

Vegetable Disease Diagnosis Form

Plant Disease Clinic
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Submit samples to:
Plant Disease Clinic
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Please supply debtor's code if you have an account with us:

Debt #: _____
Your order number (if applicable): _____
PO #: _____
Report: English **Afrikaans**

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

Crop/Plant: _____ **Cultivar/Variety:** _____
Planting date/approximate age: _____ **Numbers of ha affected:** _____

Disease symptoms

- Wilting
 - Yellowing
 - Die-back
 - Root rot
 - Stem rot
 - Leaf spots
 - Blight
 - Canker
 - Streak
 - Mosaic
 - Galls
 - Stunting
 - Fruit spots/decay
 - Scab
 - Distortion
 - Other
- _____
- _____

Affected parts

- Whole plant
 - New growth
 - Stems
 - Roots
 - Leaves
 - Flowers
 - Fruit
 - Crown/collar
 - Other
- _____

Soil type

- Sandy
- Loam
- Potting mix
- Mix
- Clay
- Mulch

Distribution

- Entire field
 - Single plant
 - Scattered plants
 - Group of plants
 - Edge of field
 - High areas
 - Low areas
 - Wet areas
 - Dry areas
 - Sunny areas
 - Shaded areas
 - Next to pathway
 - Other
- _____
- _____

Planting

- Field/farm
 - Nursery
 - Greenhouse
 - Hydroponic
 - Garden
 - Other
- _____

Drainage

- Good
- Fair
- Poor

Weather

- Clear
- Cloudy
- Rainy
- Windy
- Heavy dews
- Drought
- Adequate moisture
- Excess moisture

Degree of injury

- Light
- Moderate
- severe

Describe the problem: _____

History

Chemicals used in the planting or vicinity: _____

Previous planting and cultivation history: _____

When did the problem first appear: _____