



# Plant Disease Diagnosis Form

## Plant Disease Clinic

### University of Stellenbosch

(E-mail: [Plantsiektekliek@ Stellenbosch.onmicrosoft.com](mailto:Plantsiektekliek@ Stellenbosch.onmicrosoft.com))



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

**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:** \_\_\_\_\_

<p><b>Producer/Client</b></p> <p>Name: _____</p> <p>Company/Farm: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p><b>Person responsible for account (debtor code holder)</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p><b>Additional recipients of report</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
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**Plant**

Crop or Plant: \_\_\_\_\_ Cultivar/Variety: \_\_\_\_\_

Planting date/approximate age: \_\_\_\_\_ Numbers of ha affected: \_\_\_\_\_

<p><b>Disease symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wilting</li> <li><input type="checkbox"/> Yellowing</li> <li><input type="checkbox"/> Dieback</li> <li><input type="checkbox"/> Root rot</li> <li><input type="checkbox"/> Stem rot</li> <li><input type="checkbox"/> Leaf spots</li> <li><input type="checkbox"/> Blight</li> <li><input type="checkbox"/> Canker</li> <li><input type="checkbox"/> Streak</li> <li><input type="checkbox"/> Mosaic</li> <li><input type="checkbox"/> Galls</li> <li><input type="checkbox"/> Leaf/needle drop</li> <li><input type="checkbox"/> Stunting</li> <li><input type="checkbox"/> Fruit spots/decay</li> <li><input type="checkbox"/> Distortion</li> <li><input type="checkbox"/> Other</li> </ul> <p>_____</p> <p>_____</p>	<p><b>Affected parts</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Whole plant</li> <li><input type="checkbox"/> New growth</li> <li><input type="checkbox"/> Stems</li> <li><input type="checkbox"/> Roots</li> <li><input type="checkbox"/> Leaves/needles</li> <li><input type="checkbox"/> Flowers</li> <li><input type="checkbox"/> Fruit</li> <li><input type="checkbox"/> Twigs/branches</li> <li><input type="checkbox"/> Crown/collar</li> <li><input type="checkbox"/> Buds</li> <li><input type="checkbox"/> Other</li> </ul> <p>_____</p> <p><b>Soil type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sandy</li> <li><input type="checkbox"/> Loam</li> <li><input type="checkbox"/> Potting mix</li> <li><input type="checkbox"/> Mix</li> <li><input type="checkbox"/> Clay</li> <li><input type="checkbox"/> Mulch</li> </ul>	<p><b>Distribution</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Entire field</li> <li><input type="checkbox"/> Single plant</li> <li><input type="checkbox"/> Scattered plants</li> <li><input type="checkbox"/> Group of plants</li> <li><input type="checkbox"/> Edge of field</li> <li><input type="checkbox"/> High areas</li> <li><input type="checkbox"/> Low areas</li> <li><input type="checkbox"/> Wet areas</li> <li><input type="checkbox"/> Dry areas</li> <li><input type="checkbox"/> Sunny areas</li> <li><input type="checkbox"/> Shaded areas</li> <li><input type="checkbox"/> Next to driveway</li> <li><input type="checkbox"/> Other</li> </ul> <p>_____</p> <p>_____</p>	<p><b>Planting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Field/farm</li> <li><input type="checkbox"/> Nursery</li> <li><input type="checkbox"/> Landscape</li> <li><input type="checkbox"/> Orchard</li> <li><input type="checkbox"/> Greenhouse</li> <li><input type="checkbox"/> Forest</li> <li><input type="checkbox"/> Indoor</li> <li><input type="checkbox"/> Hydroponic</li> <li><input type="checkbox"/> Garden</li> <li><input type="checkbox"/> Golf course</li> <li><input type="checkbox"/> Flowers</li> <li><input type="checkbox"/> Other</li> </ul> <p>_____</p> <p><b>Drainage</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Fair</li> <li><input type="checkbox"/> Poor</li> </ul>	<p><b>Weather</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear</li> <li><input type="checkbox"/> Cloudy</li> <li><input type="checkbox"/> Rainy</li> <li><input type="checkbox"/> Windy</li> <li><input type="checkbox"/> Heavy dews</li> <li><input type="checkbox"/> Drought</li> <li><input type="checkbox"/> Adequate moisture</li> <li><input type="checkbox"/> Excess moisture</li> </ul> <p><b>Degree of injury</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Light</li> <li><input type="checkbox"/> Moderate</li> <li><input type="checkbox"/> severe</li> </ul>
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**Describe the problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**History**

Chemicals used in the planting or vicinity: \_\_\_\_\_

Previous planting and cultivation history: \_\_\_\_\_

When did the problem first appear: \_\_\_\_\_