Diagnosis Form for Swabs and Fruit washings

Plant Disease Clinic

University of Stellenbosch

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

Stellenbosch
UNIVERSITY
IYUNIVESITHI
UNIVERSITEIT

Plant Disease Clinic
Stellenbosch

Submit samples to:
Plant Disease Clinic
Paul vd Bijl Building
Suidwal Street
Welgevallen Experimental Farm
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: _____

Producer/Client

Name: _____
Company/Farm: _____
Address: _____
_____
Phone: _____
E-mail: _____

Person responsible for account (debtor code holder)

Name: _____
Phone: _____
E-mail: _____

Additional recipients of report

Name: _____
Phone: _____
E-mail: _____

Analysis Requested:

- ○ General plant pathogenic test for fungi and bacteria
- ○ Test for Post-Harvest pathogens (eg. *Penicillium, Botrytis*, etc.)
- ○ Other: _____

DC Lab Ref	Client Ref (if applicable)	Sampling Date (if applicable)	Block Number (if applicable for orchard)	Cultivar (if applicable)	PUC Code (if applicable)	Packhouse Sampling point (if applicable)	Treatments (if applicable)

Please turn page

DC Lab Ref	Client Ref (if applicable)	Sampling Date (if applicable)	Block Number (if applicable for orchard)	Cultivar (if applicable)	PUC Code (if applicable)	Packhouse Sampling point (if applicable)	Treatments (if applicable)