Grain Disease Diagnosis Form

Plant Disease Clinic

University of Stellenbosch

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

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: _____
E-mail: _____

Field information

Crop Type: _____ Variety (if known): _____
Field location / GPS : _____ Planting date: _____
Date symptoms were first noticed: _____

Observed symptoms:

Leaves

- ○ Yellowing (chlorosis)
- ○ Browning or necrosis
- ○ Leaf spots (circular / irregular
- ○ Wilting
- ○ Curling or distortion
- ○ Powdery growth (white/gray)
- ○ Rust pustules (yellow/brown)
- ○ Mosaic / mottling patterns
- ○ Other

_____
_____

Stems

- ○ Lesions or streaks
- ○ Rotting or softening
- ○ Discoloration (internal / external)
- ○ Girdling or cracking
- ○ Other

_____
_____

Roots

- ○ Root rot
- ○ Poor root development
- ○ Discoloration
- ○ Nematode galls
- ○ Other

_____
_____

Heads/Grain

- ○ Poor grain fill
- ○ Discoloration of heads
- ○ Premature bleaching
- ○ Sooty mould or fungal growth
- ○ Sunken or deformed kernels
- ○ Other

_____
_____

Other observations

- ○ Stunted growth
- ○ Uneven emergence
- ○ Lodging
- ○ Dieback
- ○ Other

_____
_____

Degree of injury

- ○ Light
- ○ Moderate
- ○ Severe

Distribution in field

- ○ Localized / Group
- ○ Single plant
- ○ Entire Field
- ○ Random
- ○ High areas
- ○ Low areas
- ○ Wet areas
- ○ Dry areas
- ○ Other

_____

Weather

- ○ Heavy rains
- ○ Windy
- ○ Drought
- ○ Normal conditions

Describe the problem / Additional comments:

_____
_____
_____

Chemical history:
Please list fungicide, insecticide etc. applications made during the last month: _____
_____
_____

Sample details:
Sample Type: ☐ Whole plant ☐ Leaves ☐ Roots ☐ Heads ☐ Soil
Number of samples submitted: _____