Seed 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: _____

Phone: _____

E-mail: _____

Seed Sample Information

Crop Type: _____ Variety: _____ Year Produced: _____

LOT No.: _____ Field No.: _____ Sampled By: _____

Sample treated? Yes___ No ____ Treatment used : _____

Analysis Requested

- ○ Germination
- ○ General test for plant pathogenic fungi and bacteria
- ○ Germination and General test for plant pathogenic fungi and bacteria
- ○ Other (Specify) (**Please confirm beforehand with Clinic that these tests can in fact be done**)

  - _____
  - _____
  - _____

Analysis does not include certification or quality assessments.