# Plant Disease Diagnosis Form for, Soil, Water, Growth Media, Compost

## 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: _____

| DC Lab Ref | Client Ref (if applicable) | Sampling Date | Block Number (if applicable) | Previous Crop Planted (if applicable) | Intended Crop for planting (if applicable) | Water Source (if applicable) | Degree of Drainage (if applicable) | Treatments (if applicable) |
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**Analysis Requested:**

- ○ General plant pathogenic test for fungi and bacteria
- ○ Test for presence of *Pythium* and/or *Phytophthora* spp. (oomycetes)
- ○ Test for *Fusarium* spp. (general test)
- ○ Test for *Rhizoctonia* spp. (general test)
- ○ Test for nematodes (plant parasitic)
- ○ Other: _____
- ○ _____
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