



**Plant Health Diagnostics**

(A division of Analytical Services, Cedara)

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**FORM FOR DIAGNOSIS OF A DISEASED PLANT**

For / From	Grower (required)#	Advisor	Other person (courier, etc.)
Name:			
Address:			
P.c. & Town			
Telkom ☎:			
Fax ☎:			
Cell ☎:			
Email:\$			

#: We need the grower's details: 1. To locate any possible disease threats to the province;  
 2. To ensure that the grower receives our report.

#: Results will be emailed except if the client has no email address

INTERNAL

Date submitted: 2016/...../.....

Official's name receiving: .....

Plant common name: ..... Genus / species name (if known): .....

Variety (if known): ..... Date planted: 20.../...../..... ; Date sampled: 20.../...../.....

Sample numbers, description, packaging: .....

Abnormal parts:  Whole plant,  Roots,  Stem/branches,  Leaves,  Flowers,  Fruit,  
 Seed,  Bulbs,  Tubers,  .....

Client's suspected cause or test requests: .....

Describe the problem: .....

**EXTRA INFORMATION HELPFUL TO DIAGNOSIS**

ROTATION: Z: Last crop: ..... ; Y: Crop before Z: .....

X: Crop before Y: ..... ; Crops often grown there: .....

SYMPTOM CHANGE:  Worsening fast,  Worsening slowly,  Recovering,  Unchanged

SCOPE:  1 plant,  Isolated plants,  Patches,  All ; SPREAD:  Fast,  Slow,  Static

ASSOCIATED WITH:  Poor drainage,  Dry areas,  Sloping areas,  Drainage lines,  
 Trafficked areas,  Shading,  Sunny area,  Windy area,  Weather .....

CONDITIONS:  Farm land,  Under plastic/glass,  Under shadecloth,  Garden,  The wild

IRRIGATION:  None,  Sprinkler,  Drip,  Recirculating hydroponics

SOURCE WATER:  Rain only,  Dam,  River,  Borehole,  Municipal

WATER TREATMENT:  None,  Chlorination,  Ozone,  UV,  QAC,  Heat,  Filtration

PESTICIDES / REMEDIES APPLIED: .....