


PLANT PROBLEM IDENTIFICATION FORM

	Despatch Samples To: Agpath P/L 105 Gunn Road, VERVALE, VIC 3814 Phone: 03 5629 1253 Mobile: 0413 013 247 Email: agpath@dcsi.net.au Website: www.agpath.com.au	Agpath use only	Lab No:
		Date Collected:	Agent:
		Date Recorded:	Recorded by:
		Date Ans'd:	

Submitter's Name:	Business:	Where collected (town)
Address:		Postcode:
Phone:	Mobile:	Email:

Payment Method: (please tick <input type="checkbox"/>) (circle type of c/card)	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Direct Payment	<input type="checkbox"/> Invoice (prior approval required)	<input type="checkbox"/> Purchase Order
	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	No: / / / /	Expiry Date:
	Name on Card:			Signature:	

DIRECT PAYMENT BSB: 633 000 A/C # 132 079 997

Billing Address: (if different from above)

Report is not released until payment has been received \$330.00 per sample / Phytophthora and Pythium species \$75.00 (prices include GST)

Please tick the appropriate boxes below:

<input type="checkbox"/> Homeowner	<input type="checkbox"/> Commercial Grower	<input type="checkbox"/> Consultant
<input type="checkbox"/> Landscaper	<input type="checkbox"/> Grower/Farmer	<input type="checkbox"/> Greenhouse
		<input type="checkbox"/> Nursery
		<input type="checkbox"/> Field grown

Do you want organic recommendations? Yes No

PLANT INFORMATION

<p>Plant</p> <hr/> <p><u>Plant Part(s) showing symptoms:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Leaves/Needles</td> <td><input type="checkbox"/> Fruit</td> </tr> <tr> <td><input type="checkbox"/> Stem/trunk</td> <td><input type="checkbox"/> Flowers</td> </tr> <tr> <td><input type="checkbox"/> Branches</td> <td><input type="checkbox"/> Roots/tubers</td> </tr> <tr> <td><input type="checkbox"/> Buds</td> <td></td> </tr> </table> <p>Degree of damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> % plant affected</p> <p>Date problem first noticed: Approx plant age: Date planted:</p>	<input type="checkbox"/> Leaves/Needles	<input type="checkbox"/> Fruit	<input type="checkbox"/> Stem/trunk	<input type="checkbox"/> Flowers	<input type="checkbox"/> Branches	<input type="checkbox"/> Roots/tubers	<input type="checkbox"/> Buds		<p>Cultivar/Variety</p> <hr/> <p><u>Symptoms:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Wilt</td> <td><input type="checkbox"/> Dead areas</td> </tr> <tr> <td><input type="checkbox"/> Rot</td> <td><input type="checkbox"/> Abnormal colour</td> </tr> <tr> <td><input type="checkbox"/> Stem canker</td> <td><input type="checkbox"/> Abnormal growth</td> </tr> <tr> <td><input type="checkbox"/> Leaf spots, scab, blight</td> <td><input type="checkbox"/> Fungus-like growth, insects</td> </tr> </table>	<input type="checkbox"/> Wilt	<input type="checkbox"/> Dead areas	<input type="checkbox"/> Rot	<input type="checkbox"/> Abnormal colour	<input type="checkbox"/> Stem canker	<input type="checkbox"/> Abnormal growth	<input type="checkbox"/> Leaf spots, scab, blight	<input type="checkbox"/> Fungus-like growth, insects
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SITE INFORMATION

- Exposure:** Full sun Partial shade Windy Protected
- Moisture/drying/irrigation:** Overhead/hand Drip Frequency: (times/week)
- Location:** Landscape Flower/veg garden Near sideways/driveway/street Greenhouse
- Soil conditions/drainage:** Good Moderate Poor
- Terrain:** Sloped low

Chemicals/fertilisers applied & date (s) applied:

Briefly describe the problem:

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DIAGNOSIS: Infectious non-infectious By:

Common name:

Causal agent:

RECOMMENDATIONS: