



**Western Cape  
Government**

Agriculture

**PLANT SCIENCE**

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PRODUCER :		DATE :	
FARM / BUSINESS NAME :		DISTRICT:	
POSTAL ADDRESS :			
TEL. NO. :		FAX NO. :	
e-MAIL ADDRESS:		MOBILE NO.:	
PERSON LIABLE FOR ACCOUNT :			
POSTAL ADDRESS :			
TEL. NO. :		FAX NO. :	
e-MAIL ADDRESS :		MOBILE NO. :	
FORM COMPLETED BY :		CONTACT NO. :	

CROP :		LAND/BLOCK :	
CULTIVAR :		SIZE (ha) :	
AGE OF CROP :		AREA AFFECTED (ha) :	
PREVIOUS CROP :		% LOSS :	
PLANT PART TO INVESTIGATE :			
SYMPTOM(s) [complete] :			

FUNGICIDE(S) APPLIED :		DATE :		
INSECTICIDE(S) APPLIED :		DATE :		
HERBICIDE(S) APPLIED :		DATE :		
OTHER CONTROL MEASURES :				
INSECTS OBSERVED :				
FERTILIZER(S) :				
Rainfall :	High	Normal	Low	Irrigation regime :
Temp.	High	Normal	Low	Resistance measurement (soil):      pH (soil) :
Soil type :		Depth :		

FOR OFFICE USE										
STATE OF SAMPLE WITH SUBMISSION :				Good	Relative	Poor				
INVESTIGATE :	Fungus	Bacterium	Virus	Insect	Nutrition	Soil	Nematode	Other :		

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