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:	

**Agricultural Pathology &
Biological Farming Service
Agricultural Consultants since 1980**

Submitter's Name: Business: Where collected (town)

Address: Postcode:

Phone: Mobile: Email:

Payment Method: (please tick ☐) (circle type of c/card)	☐ Credit Card	☐Cheque	☐ Direct Payment	☐ Invoice (prior approval required)		☐ Purchase Order
	☐ Bankcard ☐ Mastercard ☐ Visa	No: / / / 4 digits 4 digits 4 digits 4 digits		Expiry Date:		CVV:
	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 $275.00 per sample

Please tick the appropriate boxes below:

☐Homeowner   ☐Commercial Grower   ☐Consultant

☐Landscaper   ☐Grower/Farmer   ☐Greenhouse   ☐Nursery   ☐Field grown

Do you want organic recommendations?   ☐Yes   ☐No

PLANT INFORMATION

Plant   **Cultivar/Variety**

Plant Part(s) showing symptoms: **Symptoms:**

☐ Leaves/Needles	☐ Fruit	☐ Wilt	☐ Dead areas
☐ Stem/trunk	☐ Flowers	☐ Rot	☐ Abnormal colour
☐ Branches	☐ Roots/tubers	☐ Stem canker	☐ Abnormal growth
☐ Buds		☐ Leaf spots, scab, blight	☐ Fungus-like growth, insects

Degree of damage: ☐Heavy   ☐ Medium   ☐ Light   ☐ % plant affected

Date problem first noticed: Approx plant age: Date planted:

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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 sideway/driveway/street ☐ Greenhouse

Soil conditions/drainage: ☐ Good ☐ Moderate ☐ Poor

Terrain: ☐ Sloped ☐ low

Chemicals/fertilisers applied & date (s) applied:

Briefly describe the problem:

FOR AGPATH USE ONLY

DIAGNOSIS: ☐ Infectious ☐ non-infectious By**:**

Common name:

Causal agent:

RECOMMENDATIONS: