

Plant Disease Diagnosis

Instructions Provide plant parts (leaves, sections of fruit, twigs, etc) that show various degrees of symptoms (do not include dead tissue, or soil). Collect them preferably using a large zip-lock freezer bag (turned inside out) as a glove, one per plant. Follow a sampling scheme from a remote healthy looking plant (your reference), to suspect plants neighboring diseased ones, to severely diseased. For routine monitoring for early disease detection, follow one of our suggested random schemes (see sampling or other specific instructions). Please include collection date and a graph of your sampling scheme.

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#	Crop/Variety	Lot/ identifier	Test for	For lab use	For lab use
1					
2					
3					
4					
REF (healthy)					
REF (healthy)					

Symptoms	Parts Affected	Field Distribution	Disease Incidence	Location	Date collected
<input type="checkbox"/> Leaf drop <input type="checkbox"/> Leaf spot <input type="checkbox"/> Rot <input type="checkbox"/> Stunted <input type="checkbox"/> Wilted <input type="checkbox"/> Yellowed <input type="checkbox"/> Dieback <input type="checkbox"/> Canker/gall	<input type="checkbox"/> Branches (____%) <input type="checkbox"/> Leaves (____%) <input type="checkbox"/> Flowers <input type="checkbox"/> Fruits/seeds <input type="checkbox"/> Stems <input type="checkbox"/> Trunk <input type="checkbox"/> Roots	<input type="checkbox"/> Shaded area <input type="checkbox"/> Sunny area <input type="checkbox"/> Wet area <input type="checkbox"/> Scattered <input type="checkbox"/> General <input type="checkbox"/> Spots	_____ number of acres _____ Number of plants Previous treatments/ crops _____	<input type="checkbox"/> Field <input type="checkbox"/> Orchard <input type="checkbox"/> Nursery <input type="checkbox"/> Plant pot <input type="checkbox"/> Greenhouse <input type="checkbox"/> Garden <input type="checkbox"/> _____	
Submitted by (Name):		Company Name		Phone:	
Email:		Company Address		Fax:	

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