

DISEASE DIAGNOSTIC WORKSHEET



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| | |
|--------------------------------------|-------------------|
| Submitter Name (if not owner): _____ | Owner Name: _____ |
| Street Address & PO Box: _____ | Fax#: _____ |
| City/Town: _____ | Email: _____ |
| Province: _____ | Crop Type: _____ |
| Postal Code: _____ | Variety: _____ |
| Contact Person(s): _____ | Phone#: _____ |

Comments/Irregularities observed at sample collection time and/or other details relevant to lab analyses or invoicing:

| Part(s) Affected | Appearance | Distribution | Location | Location |
|-------------------------|------------------------|------------------------|------------------|-----------------------|
| _____ Roots | _____ Wilted | _____ General | _____ Field | _____ Boulevard |
| _____ Stem/Branch/Trunk | _____ Discoloured | _____ Scattered Plants | _____ Garden | _____ Shelterbelt |
| _____ Leaves | _____ Deformed | _____ In Spots | _____ Yard | _____ Woodland/Forest |
| _____ Flower | _____ Galls/Swellings | _____ One Variety | _____ Storage | _____ Park |
| _____ Fruit/Seeds | _____ Leaf Spot/Blight | _____ One Plant | _____ Nursery | _____ Sunny Area |
| _____ Tuber/Bulb/Corm | _____ Canker/Rot | _____ High Areas Only | _____ Greenhouse | _____ Shaded Area |
| _____ Entire Plant | _____ Defoliated | _____ Low Areas Only | _____ Household | _____ Wind-Swept Area |
| _____ Other | _____ Other | _____ Other | _____ Office | _____ Other |

Was a soil analysis done (circle one)? **No** **Yes** If yes, when? _____ _____ pH _____ ec _____ mmhos

| | Fertilizers | Insect Control | Disease Control | Weed Control |
|---------------------------|-------------|----------------|-----------------|--------------|
| Name of Chemicals Applied | | | | |
| Rate | | | | |
| Date | | | | |

Briefly state the problem(s): _____

THIS SPACE FOR LAB USE ONLY

Lab Number: _____

Name of Disease: _____

Causal Agent: _____

Control Recommendations: