



**Plant Pathology Department
Research and Development**

LAB USE ONLY	
Date Arrived: _____	Reference No. _____
<input type="checkbox"/> Mail/Courier	<input type="checkbox"/> Walk-in/Hand-carry
Sample condition upon receipt:	
<input type="checkbox"/> Good	<input type="checkbox"/> Poor

DISEASE DIAGNOSIS REQUEST FORM

Name of Farmer/Grower:	Submitted By:
Farm Location:	Address:
<input type="checkbox"/> Greenhouse <input type="checkbox"/> Field <input type="checkbox"/> Others: _____ Area/Size _____ m ²	Contact No.:
Contact No.:	E-mail:
E-mail/Fax No.:	Fax No.:

Sample Collection Date: _____	Crop Stage:
Crop: _____ Variety: _____ Previous Crop: _____	<input type="checkbox"/> Seedling <input type="checkbox"/> Vegetative <input type="checkbox"/> Flowering <input type="checkbox"/> Fruiting

<u>Plant Part Affected</u>	<u>Sample #</u>	<u>Symptom(s)</u>	<u>Distribution</u>	<u>%Incidence</u>	<u>Severity</u>
<input type="checkbox"/> Whole plant	_____	_____	<input type="checkbox"/> Uniform/Whole field	<input type="checkbox"/> <10%	<input type="checkbox"/> Very mild
<input type="checkbox"/> Leaf/Shoot	_____	_____	<input type="checkbox"/> Random/Scattered	<input type="checkbox"/> 11-30%	<input type="checkbox"/> Moderate
<input type="checkbox"/> Stem	_____	_____	<input type="checkbox"/> Localized/Fixed spot	<input type="checkbox"/> 31-50%	<input type="checkbox"/> Severe
<input type="checkbox"/> Fruit	_____	_____	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> >50%	<input type="checkbox"/> V. Severe
<input type="checkbox"/> Roots	_____	_____			

Weather Condition		Rainfall:	Temperature (°C):
Season: <input type="checkbox"/> Rainy/Wet <input type="checkbox"/> Summer/Dry <input type="checkbox"/> Others _____		<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> <20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> >40
Humidity: <input type="checkbox"/> Dry <input type="checkbox"/> Humid	Soil Type: <input type="checkbox"/> Loam <input type="checkbox"/> Sandy <input type="checkbox"/> Clay	Irrigation System: <input type="checkbox"/> Manual <input type="checkbox"/> Furrow <input type="checkbox"/> Drip <input type="checkbox"/> Rain-fed	Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor

SIMPLE GUIDELINES ON SAMPLE COLLECTION, PACKAGING AND SUBMISSION:

1. Collect living plants that exhibit varying stages of decline (i.e., from healthy to very sick).
2. Make sure the specimens represent the problem in the field.
3. For suspected virus disease, make sure to send fresh/green symptomatic leaves. Samples can also be temporarily preserved using desiccants (calcium chloride/silica beads/silica gel).
4. For wilted plants which are negative for bacterial ooze, collect and send whole plants including the roots (dig roots rather than pull). Enclose base of the plant and roots in a plastic bag to prevent drying of roots and contamination of leaves with the soil.
5. Wrap specimens in clean paper towels/newspapers. **DO NOT ADD MOISTURE!**
6. Pack loosely in a plastic bag to reduce drying.
7. Keep specimens cool and mail the same day.
8. For mailing, use strong containers (e.g. corrugated boxes, mailing tubes) that will not crush in transit.
9. Use overnight mail services or mail specimens early in the week to avoid weekend lay-over at the post office.
10. Don't forget to fill out the DISEASE DIAGNOSIS REQUEST FORM! Please supply as much information as possible, attach another sheet if necessary. *Note: Use only one form for samples taken from one location.*

WHERE TO SEND SAMPLES:

<u>THAILAND</u> Ms. Sirirat Cheewachaiwit Hortigenetics Research (S.E. Asia) Ltd. Station 7 Moo 9, Tambol Maefack Mai Sansai, Chiangmai, 50290 THAILAND	<u>PHILIPPINES</u> Ms. Cherry A. Relevante Hortanova Research Center East West Seed Company Purok 3, Bgy. Pagolingin Bata 4217 Lipa City, Batangas, PHILIPPINES	<u>INDIA</u> Mr. Sushil Kumar East West Seed India Pvt Ltd. No. 1079, 13 th Cross, 11 th Main Judicial Layout GKVK Post Bangalore-65 INDIA	<u>CHINA</u> Mr. Shicheng Xu Rm. 2412, Xincheng INTL Mansion No. 92-1 Minzu Ave. Nanning, Guangxi, PRC
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