

DISEASE DIAGNOSTIC WORKSHEET



507 - 11th Ave, Nisku, AB T9E 7N5
 Phone: 780-955-3435 Fax: 1-888-900-1810
 Laboratory Contact: Carey Matthiessen
 Email: carey@2020seedlabs.ca

Submitter Name (if not owner): _____		Owner Name: _____	
Street Address & PO Box: _____		Fax#: _____	
City/Town: _____		Email: _____	
Province: _____			
Postal Code: _____			
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
_____ Roots	_____ Wilted	_____ General	_____ Field
_____ Stem/Branch/Trunk	_____ Discoloured	_____ Scattered Plants	_____ Garden
_____ Leaves	_____ Deformed	_____ In Spots	_____ Yard
_____ Flower	_____ Galls/Swellings	_____ One Variety	_____ Storage
_____ Fruit/Seeds	_____ Leaf Spot/Blight	_____ One Plant	_____ Nursery
_____ Tuber/Bulb/Corm	_____ Canker/Rot	_____ High Areas Only	_____ Greenhouse
_____ Entire Plant	_____ Defoliated	_____ Low Areas Only	_____ Household
_____ Other	_____ Other	_____ Other	_____ Office
Was a soil analysis done (circle one)? No Yes If yes, when? _____ pH _____ ec _____ mmhos			
	Fertilizers	Insect Control	Disease 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: