

Crop Protection Laboratory		Plant Disease		Lab #:
Send Samples and Forms to: Ph: 306-787-8130 346 McDonald Street cpl@gov.sk.ca Regina SK S4N 6P6 DO NOT SEND PAYMENT WITH THE SAMPLE		Payment Method: <input type="checkbox"/> Credit <input type="checkbox"/> Debit	Date Paid: Total Amount Owing: \$	

Contact Information for Processing and Payment (required*)				
Company			Contact for Payment Name*	
Address*			Email*	
Town/City*	Province*	Postal Code*	Work/Home Phone*	Cell Phone

Sample Identifiers							
Field ID (ex. Mom's field)						Crop Type*	Cultivar
* Land Location or GPS	Quarter	Section	Township	Range	Meridian	Latitude: N	Longitude: W

Cost: <input type="checkbox"/> \$50 + GST (SK resident) OR <input type="checkbox"/> \$125 + GST (Non-SK resident)
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Planting and Crop Information				
Planting Date	Main Symptom of concern?	Area Affected (% of acres)	When did the problem start (date/crop stage)	Is the problem getting worse / spreading?

Crop Rotation and Disease History (add additional sheet if needed)	

Symptoms	Part of Plant Affected (mark all that apply)						Was there a pattern of symptoms in the field (describe/draw)		
	Roots	Stem	Leaves	Head / Florets	Seed / Fruit	ALL	<input type="checkbox"/> One plant <input type="checkbox"/> Scattered	<input type="checkbox"/> Patches <input type="checkbox"/> Field margins	<input type="checkbox"/> Entire Field <input type="checkbox"/> Unknown
Wilting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Discolouration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Malformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Mould Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lesions/Spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rotting/Dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Severity of the <i>main symptom</i> of concern (check one below)	What do you think caused the <i>main symptom</i> of concern →	<input type="checkbox"/> Environment <input type="checkbox"/> Insects	<input type="checkbox"/> Disease <input type="checkbox"/> Fertility	<input type="checkbox"/> Herbicide <input type="checkbox"/> Unknown
<input type="checkbox"/> Slight <input type="checkbox"/> Moderate	<input type="checkbox"/> Severe <input type="checkbox"/> Variable	Did you take photos →	<input type="checkbox"/> Included with Sample	<input type="checkbox"/> Sent to cpl@gov.sk.ca

Primary Soil Type		Tillage Operation		Environmental Conditions (prior to symptom development)	
<input type="checkbox"/> Clay <input type="checkbox"/> Loam <input type="checkbox"/> Sand		<input type="checkbox"/> High disturbance <input type="checkbox"/> Conventional <input type="checkbox"/> Minimum / Zero		<input type="checkbox"/> Wet <input type="checkbox"/> Average <input type="checkbox"/> Dry <input type="checkbox"/> Other _____	
Other Soil Information:		Habitat		Weather Events:	
Field Topography <input type="checkbox"/> Level <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly <input type="checkbox"/> Other		Slope Position of Affected <input type="checkbox"/> Low spots <input type="checkbox"/> Mid-slopes <input type="checkbox"/> Hill-tops <input type="checkbox"/> All		<input type="checkbox"/> Field <input type="checkbox"/> Pasture <input type="checkbox"/> Shelterbelt <input type="checkbox"/> Ditch <input type="checkbox"/> Greenhouse <input type="checkbox"/> Garden	
				Other Comments:	

Fertilizer	Date/Stage	Product	Rate	Form	Placement	Soil test information
N-P-K-S						
Inoculant						
Micronutrients						

What pesticides/herbicides were applied to affected field this season (including fall applications dating to mid-August)?			
Application Date (MM/DD/YY)	Crop and Crop Stage	Product	Rate

Prior to above applications, what else did you use in your sprayer (including in other fields)?			
Application Date (MM/DD/YY)	Cleanout Method	Product	Rate

What other cultural or chemical controls were used/applied to the affected field prior to this season (up to 3 years)?

LAB USE ONLY (diagnosis)	
Notes:	Additional Testing Instructions:
<input type="checkbox"/> Identification Complete	
Common Name:	Scientific Name:

Results are confidential except where Ministry is required to report the results (quarantine or regulatory significance).