

<b>Crop Protection Laboratory</b>		<b>Plant Disease</b>		Lab #:
Send Samples and Forms to: Ph: 306-787-8130 <b>1610 Park Street</b> cpl@gov.sk.ca <b>Regina SK S4N 2G1</b> <b>DO NOT SEND PAYMENT WITH THE SAMPLE</b>		Payment Method: <input type="checkbox"/> Credit <input type="checkbox"/> Debit	Date Paid: Total Amount Owing: <b>\$</b>	

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

<b>Cost: <input type="checkbox"/> \$50 + GST (SK resident)    OR    <input type="checkbox"/> \$125 + GST (Non-SK resident)</b>
--

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"/> Patches	<input type="checkbox"/> Entire Field
Wilting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Scattered	<input type="checkbox"/> Field margins	<input type="checkbox"/> Unknown
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) <input type="checkbox"/> Slight <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Variable	What do you think caused the <i>main symptom</i> of concern → Did you take photos →	<input type="checkbox"/> Environment <input type="checkbox"/> Disease <input type="checkbox"/> Herbicide <input type="checkbox"/> Insects <input type="checkbox"/> Fertility <input type="checkbox"/> Unknown <input type="checkbox"/> Included with Sample <input type="checkbox"/> Sent to cpl@gov.sk.ca
--	--	--

