



PLANT PATHOLOGY TEST REQUEST FORM

Client Name	
Contact Name	
Contact Number	
Contact Email	
Date	
Client Order No.	
Signature	

GHL USE ONLY				CHECKLIST (X)	
Batch ID.				TRF Complete	
Date Received				Sample List	
Time Received				Record Sheet	
Delivery Mode	Client	Courier	**GHL Collection	Test Report	
Temperature				Initial	
Condition				Comment	
**GHL Collection	Date		Time		
	Temp.		Signature		

Please complete relevant section for PLANT, FRUIT or SEED samples.

1. PLANT – General Plant Disease Diagnostic			
Crop / Plant		Variety / Cultivar	
Year Produced		Planting Date / Age	
Approximate Number of area (ha) affected			
Sampled by			
Sample Treated (Yes / No)		Treatment Used	
Describe Problem			
When did the problem first appear			
History			
Chemical used in the orchard or vicinity			
Previous orchard and cultivation history			

PLEASE MARK WITH AN X

DISEASE SYMPTOMS ☐ Sudden die-back ☐ Slow die-back ☐ Gumming stem ☐ Root rot ☐ Cankers blister ☐ Bark leaf spots ☐ Galls leaf drop ☐ Stunting fruit ☐ Spots / decay leaf ☐ Spots ☐ Other _____	AFFECTED PARTS ☐ Whole tree ☐ New growth ☐ Stems ☐ Roots ☐ Leaves ☐ Blossoms ☐ Fruit twigs / branches ☐ Crown / collar ☐ Buds ☐ Other _____ INTERNAL DISCOLOURATION ☐ Root stock ☐ Graft union ☐ Scion	DISTRIBUTION ENTIRE ☐ Single tree ☐ Orchard ☐ Scattered trees ☐ Group of trees ☐ Trees in a row ☐ Edge of orchard ☐ High areas ☐ Low areas ☐ Wet areas ☐ Dry areas ☐ Next to drive ☐ Other _____	PLANTING ☐ Nursery ☐ Orchard ☐ Hydroponic ☐ Other _____ IRRIGATION TYPE ☐ Drip ☐ Micro ☐ Short radius ROOT DEVELOPMENT ☐ Good ☐ Average ☐ Poor	DEGREE OF INJURY ☐ Light ☐ Moderate ☐ Severe DRAINAGE ☐ Good ☐ Fair POOR SOIL TYPE ☐ Sandy ☐ Loam ☐ Potting mix ☐ Mix ☐ Clay ☐ Mulch
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SAMPLE LIST - PLANT			
Checked	Sample No.	Sample Identification / Description	Storage [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]
Comments / Further Instructions			

2. FRUIT			
Type		Cultivar	
Root Stock		Orchard	
Plant Date			
Ridging (Yes / No)			
Trellis System / Plant Width			
Mulch / Wood Chips / Other			
Describe Problem			
When did the problem first appear			
History:			
Chemical used in the orchard or vicinity			
Previous orchard and cultivation history			

PLEASE MARK WITH AN X

DISEASE SYMPTOMS ☐ Sudden die-back ☐ Slow die-back ☐ Gumming stem ☐ Root rot ☐ Cankers blister ☐ Bark leaf spots ☐ Galls leaf drop ☐ Stunting fruit ☐ Spots / decay leaf ☐ Spots ☐ Other_____	AFFECTED PARTS ☐ Whole tree ☐ New growth ☐ Stems ☐ Roots ☐ Leaves ☐ Blossoms ☐ Fruit twigs / branches ☐ Crown / collar ☐ Buds ☐ Other_____	DISTRIBUTION ENTIRE ☐ Single tree ☐ Orchard ☐ Scattered trees ☐ Group of trees ☐ Trees in a row ☐ Edge of orchard ☐ High areas ☐ Low areas ☐ Wet areas ☐ Dry areas ☐ Next to drive ☐ Other_____	PLANTING ☐ Nursery ☐ Orchard ☐ Hydroponic ☐ Other_____	DEGREE OF INJURY ☐ Light ☐ Moderate ☐ Severe
	INTERNAL DISCOLOURATION ☐ Root stock ☐ Graft union ☐ Scion		IRRIGATION TYPE ☐ Drip ☐ Micro ☐ Short radius	DRAINAGE ☐ Good ☐ Fair
			ROOT DEVELOPMENT ☐ Good ☐ Average ☐ Poor	POOR SOIL TYPE ☐ Sandy ☐ Loam ☐ Potting mix ☐ Mix ☐ Clay ☐ Mulch

SAMPLE LIST - FRUIT			
Checked	Sample No.	Sample Identification / Description	Storage [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]
Comments / Further Instructions			

3. SEED			
Crop		Variety	
Lot No.		Field No.	
Year Produced		Sampled by	
Sample Treated (Yes / No)		Treatment Used	
Analysis Requested	Germination		
	General Test for plant pathogenic fungi & bacteria		
	Germination and General Test for plant pathogenic fungi & bacteria		
	Other (specify)		



SAMPLE LIST - SEED			
Checked	Sample No.	Sample Identification / Description	Storage [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]
Comments / Further Instructions			