KUTSAGA RESEARCH STATION FORM NO. ____

PLANT CLINIC

PLEASE PRINT

GROWER'S LAST NAME:_____ INITIALS:_____ DATE:_____ DISTRICT NAME:_____

FARM OR COMPANY NAME:_____ POSTAL ADDRESS:_____

TEL:_____ FAX:_____ GROWER'S NUMBER:_____

EMAIL:_____

CROP:_____ **VARIETY**: _____ **SOWING/PLANTING DATE**: _____

DESCRIPTION OF PROBLEM (tick all that apply)

Plant Parts	roots	stems	leaves	flowers	fruits	seed	other:
Symptoms	spots	yellowing	wilting	stunting	rot	distortion	other:
Distribution	scattered	certain area (%)	in rows	uniform	certain variety	certain soil type	other:

ADDITIONAL INFORMATION (tick all that apply)

History of site	3-4yrs Rhodes grass	2nd year site	virgin	reverted	cropped:	Other:
Other crops	maize	paprika	soyabeans	groundnuts	wheat	Other:

CHEMICALS AND FERTILISERS USED: SEEDBED/FIELD (delete inapplicable)

	Fumigant	**Fertiliser**	**Herbicides**	**Insecticides**	**Fungicides**
Name					
Time of application					
Thereafter applied					
Method used					

OTHER USEFUL INFORMATION_____

LABORATORY RECORD

PLEASE DO THE FOLLOWING TESTS:

Pathology: _____

_____

_____

_____

_____

Entomology: _____

Nematology: _____

Agronomy/Physiology: _____

Analytical Chemistry: _____

Soil Chemistry: _____

SUMMARY DIAGNOSIS AND ADVICE

_____

_____

Signature: _____

FARMER CONTACTED BY:

	Letter	Email	Telephone	At visit
Date				