



Department of Agriculture

PEI Analytical Laboratories Plant Disease Diagnostic Form

Department of Agriculture
Kensington Potato Services
P.O. Box 306, Kensington, P.E.I.
TELEPHONE: 902-836-8922
FAX: 902-836-8921

Lab # _____

SUBMITTED BY: DATE SUBMITTED:.....

FOR (producer's name):

ADDRESS: TELEPHONE NUMBER:.....

..... FAX NUMBER:.....

POSTAL CODE: WAREHOUSE NUMBER:

PROVINCE:

RESULTS TO BE REPORTED TO:
(include address if different than producer's address)

Crop:..... Variety:.....

Where Was Sample Collected From: [] field [] storage [] other (please specify).....

Field Location:

Date Collected:

Plant Part Affected:

Description of Disease and Background Information:

General Appearance: [] wilted [] stunted [] off-colour [] other

[Empty text box for description]

Pattern of Field Occurrence: [] scattered plants [] in spots [] low areas

Management:

[Empty text box for management details]

Field Condition:

[Empty text box for field condition]

Laboratory Sample Worksheet

Plant Disease Diagnostic Lab

Visual Assessment **Date:** _____ **Tec:** _____

Lab No.: _____ Condition of Sample (S/NS): _____

Total no. in sample: _____ Healthy _____ Infected _____

Comments:

Lab Procedures **Date:** _____ **Tec:** _____

Reading **Date:** _____ **Tec:** _____

Date: _____ **Tec:** _____