

# DIAGNOSTICS FORM for CROPS, INSECTS AND WEEDS



Note: Accurate diagnosis depends on receiving a fresh sample. All specimens should be collected when fresh, placed in a plastic bag (except weed samples which may be pressed and dried) and shipped immediately in a mailing container or strong cardboard carton to prevent crushing. Do not include wet toweling. Insects should be in a hard container. When specimens arrive unidentified, wilted, crushed or in advanced stages of decay, diagnosis is often impossible. Most specimens will be diagnosed the week of receipt. Proper completion of this form will aid in prompt, accurate service. Crop related samples – no charge. **FEE REQUIRED** for **NON-AGRICULTURAL** and **GARDEN** samples. \$10.00 plus 0.50 GST per sample, cheques payable to MINISTER of FINANCE.

**SEND SPECIMENS, PREPAID, TO: Crop Diagnostic Centre, Crops Knowledge Centre, Agricultural Services Complex, 204 - 545 University Crescent, Winnipeg, MB R3T 5S6**  
**Phone: 204-945-7707 Fax: 204-945-4327**

<b>For Office Use</b>
INQUIRY NO. _____
CC _____ AC _____
DC _____
_____
Date Received _____

Date Submitted: \_\_\_\_\_ **Please Print** Fee Collected:  Yes  No Receipt # \_\_\_\_\_

OWNER/GROWER: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

PH# \_\_\_\_\_ Fax# \_\_\_\_\_ PH# \_\_\_\_\_ Fax# \_\_\_\_\_

## DETAILS OF INJURY/SYMPTOMS - FILL OUT ALL KNOWN INFORMATION

Plant or Crop Attacked \_\_\_\_\_ Variety \_\_\_\_\_ Acres \_\_\_\_\_

Plant part injured:  Roots  Stem or Branch  Leaves  Flower  Seed/Fruit  Other \_\_\_\_\_

General Appearance:  Wilted  Dead Area  Yellowed  Stunted  Abnormal Growth

Leaf Spot or Blight  Leaf Mottle  Other \_\_\_\_\_

Distribution of Damage:  Scattered Plants  Groups of Plants  Most of Field  On Slopes  Low Areas  Upland Areas

Other: \_\_\_\_\_

When were symptoms first noticed? \_\_\_\_\_

Weather conditions of previous week? \_\_\_\_\_

Cropping history: \_\_\_\_\_

(last year) (2 years ago) (3 years ago) (4 years ago)

Chemicals applied:  Fertilizer  Fungicide  Herbicide  Insecticide  Other \_\_\_\_\_

Rates and dates of chemical application: \_\_\_\_\_

Herbicide history: \_\_\_\_\_

(last year) (2 years ago) (3 years ago) (4 years ago)

Soil Type: \_\_\_\_\_

Other details (use other side if needed): \_\_\_\_\_

**Chemical Injury Complaint** *complete other side*  Ground Drift  Aerial Drift  Other \_\_\_\_\_

**INSECT IDENTIFICATION:** For crop insects complete above injury information.

Crop/Host (specify) \_\_\_\_\_  Grain elevator  Flour Mill  Livestock  Garden (requires fee)  House (requires fee)

Other (specify) \_\_\_\_\_ Severity of infestation: \_\_\_\_\_

**WEED IDENTIFICATION:**

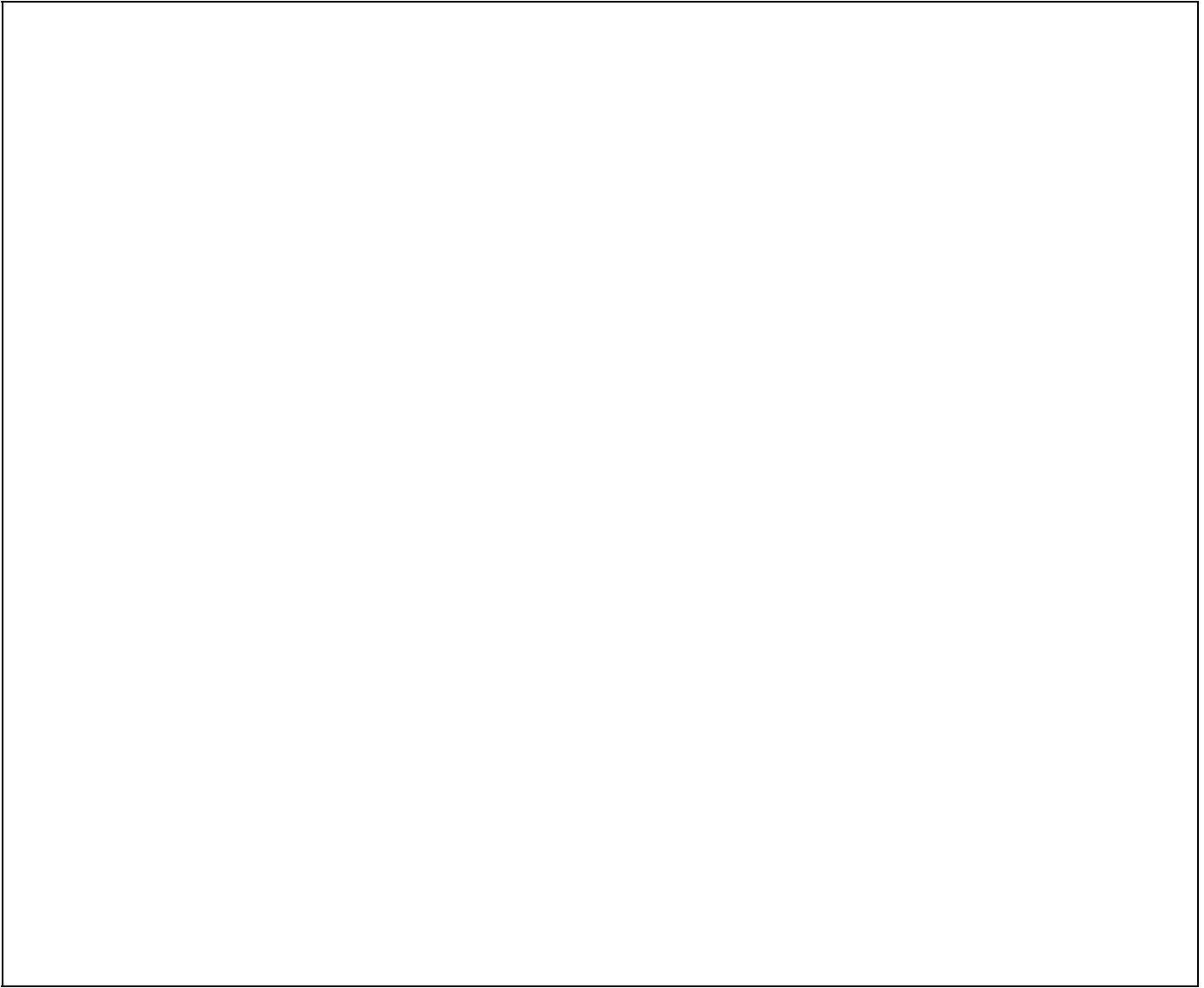
Habitat:  Crop (specify) \_\_\_\_\_  Roadside  Aquatic  Garden (requires fee)  Other \_\_\_\_\_

Infestation:  a few scattered plants  dense, small infestation  scattered, major infestation  dense, major infestation

Other (specify) \_\_\_\_\_

## FIELD MAP

Field Map must be completed by person investigating the site of damage.



### ADDITIONAL INFORMATION/DRIFT DETAILS:

**DRIFT COMPLAINT (Complete Field Map)**      GROUND       AERIAL       CUSTOM

Other : \_\_\_\_\_

Applicator: \_\_\_\_\_

Has the complaint been discussed with the applicator?       Yes       No

Field examined by: \_\_\_\_\_