



Government
of
Saskatchewan

Crop Protection Laboratory

Ministry of Agriculture – Crops and Irrigation Branch

Plant Disease

Lab #:

send samples and forms to:
346 McDonald Street
Regina SK
S4N 6P6

Lab Phone: 306-787-8130
Billing Inquiries: 306-787-4998
cpl@gov.sk.ca

The status of your sample will be acknowledged within 15 working days.

Cost: \$50 + GST (SK Residents)
\$125 + GST (non-SK Residents)

Payment Options:

Credit Card – call (306) 787-4998
In-person via Credit Card/Debit – 346 McDonald St.
Cash or Cheque

Contact Information for Payment (required*) – do NOT send payment with the sample and do NOT email credit card number

Company		Name of contact for payment*		
Address*		Town/City*	Province*	Postal Code*
Email*			Phone*	

Contact Information for Submitter/Agronomist/Grower (if different from above)

Name of contact for sample info	Email
Location (Town/Province)	Phone

Sample Identifiers (required)*

Field ID (eg. Mom's field)					Crop Type*		Cultivar
* Land Location or GPS	Quarter	Section	Township	Range	Meridian	Latitude	Longitude
						N	W

Planting and Crop Information

Planting Date	<u>Main symptom</u> 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	One plant	Patches	Entire field
Scattered							Field margins	Unknown	
Wilting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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 <u>main symptom</u> of concern (check one below)		What do you think caused the <u>main symptom</u> of concern? →	Environment Insects	Disease Fertility	Herbicide Unknown
Slight Moderate	Severe Variable	Did you take photos? →	Included with Sample	Sent to cpl@gov.sk.ca	

Primary Soil Type		Tillage Operation		Environmental Conditions (prior to symptom development)		
Clay Loam Sand		High disturbance Conventional Minimum / Zero		Wet Average Dry Other _____		Weather Events
Other Soil Information:				Habitat		Other Comments:
Field Topography		Slope Position of Affected		Field	Pasture	
Level	Rolling	Low spots	Mid-slopes	Shelterbelt	Ditch	
Hilly	Other	Hill-tops	All	Greenhouse	Garden	

Fertilizer	Date/Stage	Product	Rate	Form	Placement	Soil test information
N-P-K-S						
Inoculant						
Micronutrients						

What pesticides/herbicides were applied to affected field this season (including fall applications dating to mid-Aug)?			
Application Date (MM/DD/YY)	Crop and Crop Stage	Product	Rate

Prior to above applications, what else did you use in your sprayer (including in other fields)?			
Application Date (MM/DD/YY)	Cleanout Method	Product	Rate

What other cultural or chemical controls were used/applied to the affected field prior to this season (up to 3 years)?

LAB USE ONLY (diagnosis)	
Notes:	Additional Testing Instructions:
Identification Complete	
Common Name:	Scientific Name:

Results are confidential except where the Ministry is required to report the results (quarantine or regulatory significance).