### DIAGNOSTICS FORM for CROPS, INSECTS AND WEEDS

Note: Accurate diagnosis depends on receiving a fresh sample. All specimens should be 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 placed 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

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#### Date Submitted: ____________________________

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#### OWNER/GROWER:__________________________________

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#### SUBMITTED BY:__________________________________

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#### Address__________________________________________

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#### Address__________________________________________

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#### Postal Code_____________________________________________________

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#### PH# ____________________  Fax# ______________  PH# ____________________  Fax# ______________

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

<table>
<thead>
<tr>
<th>Plant or Crop Attacked</th>
<th>Variety</th>
<th>Acres</th>
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- **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:**

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#### Herbicide history:

<table>
<thead>
<tr>
<th>(last year)</th>
<th>(2 years ago)</th>
<th>(3 years ago)</th>
<th>(4 years ago)</th>
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- **Soil Type:** ____________________________

- **Other details (use other side if needed):** ____________________________

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#### Chemical Injury Complaint

- **Ground Drift**
- **Aerial Drift**
- **Other**

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

- □ Crop/Host (specify)
- □ Other (specify)

- □ Grain elevator
- □ Flour Mill
- □ Livestock
- □ Garden (requires fee)
- □ House (requires fee)

- □ Severity of infestation:

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#### WEED IDENTIFICATION:

- □ 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:________________________________________________________________________________________________________________________________________