

**CROP & PLANT PROTECTION RESEARCH  
PEST DIAGNOSTIC SERVICE  
SAMPLE SUBMISSION FORM**

Reference No. ....

GOJ Receipt No. ....

**Grower's**  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_   
Parish \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

**Submitted by (if different)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commercial Farm                       Home                                       Research

**PLANT/VARIETY**  
Common Name: \_\_\_\_\_

Botanical Name \_\_\_\_\_

Affected Plant Part(s)	Sample(s) Expressed					
	<b>LEAVES</b> <input type="checkbox"/>	Blighted <input type="checkbox"/>	Yellowed <input type="checkbox"/>	Mosaic <input type="checkbox"/>	Wilted <input type="checkbox"/>	Spotted <input type="checkbox"/>
<b>STEM/BRANCH</b> <input type="checkbox"/>	Galls <input type="checkbox"/>	Cankers <input type="checkbox"/>	Discoloured <input type="checkbox"/>	Dieback <input type="checkbox"/>	Rotted <input type="checkbox"/>	Galleries <input type="checkbox"/>
<b>ROOTS</b> <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor growth <input type="checkbox"/>	Discoloured <input type="checkbox"/>	Rot <input type="checkbox"/>	Galls <input type="checkbox"/>	Stubby <input type="checkbox"/>
<b>FLOWERS</b> <input type="checkbox"/>	Blighted <input type="checkbox"/>	Discoloured <input type="checkbox"/>	Mosaic <input type="checkbox"/>	Distorted <input type="checkbox"/>	Stippling <input type="checkbox"/>	
<b>FRUIT</b> <input type="checkbox"/>	Rotted <input type="checkbox"/>	Discoloured <input type="checkbox"/>	Mosaic <input type="checkbox"/>	Distorted <input type="checkbox"/>	Mummified <input type="checkbox"/>	Damage <input type="checkbox"/>

**OTHER SYMPTOMS** \_\_\_\_\_  
**SIGNS** \_\_\_\_\_

**PROBLEM NOTICED**

- Days
- Weeks
- Months

**DISTRIBUTION**

- Entire Field
- Edge of field
- Random
- Clumped

**WEATHER CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_

**DRAINAGE**

- Good
- Fair
- Poor

**SOIL TYPE**

- Sandy Loam
- Clayey Loam
- Potting Mix
- Clay
- Mulch

**CROPPING HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORT:**

- 1. The organism/problem has been tentatively diagnosed/identified as the bacterium, fungus, insect, nematode, virus, .....
- .....
- .....
- .....
- 2. The condition of the material did not permit a useful diagnosis/identification.
- 3. A sample from the material has been referred to another laboratory for confirmatory diagnosis/identification.

**RECOMMENDATION (S):**

- (a) Contact your extension officer or the nearest RADA office for advice on pest management.
- (b) Submit another sample.
- (c) Arrange for an officer from this Division to visit the source of the material.
- (d) .....
- .....
- .....
- .....
- .....

Signed by .....  
Chief Plant Protection Officer

Date .....

**Diagnosis/Recommendation Communicated:**

Telephone     Verbally     Mail     Fax     Written     Other

Date Communicated .....    By Whom .....

**ATTENTION:**    All queries about this report must quote the reference number and are to be directed to the Chief Plant Protection Officer, Bodles Research Station, Old Harbour, St. Catherine, Jamaica.

Telephone: 983-2267/2281  
Fax: 983-2822  
Email: [ppu@moa.gov.jm](mailto:ppu@moa.gov.jm)