



Stockbridge Technology Centre PLANT CLINIC SERVICES

Client Details		Consultant/Agent Details (if applicable)	
Name		Name	
Your ref.		Your ref.	
Company		Company	
Address		Address	
Postcode		Postcode	
Phone Mobile Fax Email		Phone Mobile Fax Email	

Report to be sent to: (please circle)	You the client	Consultant/Agent	Both	Other (specify)
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The Sample	
Plant Type — Genus, Species, variety/cultivar	
Soil & Compost	Give sample details
Water	Give sample details
Distribution of the problem (% of crop affected)	
Source of plant material/ Soil/compost/water e.g. cutting, seed, storage etc.	
Where is the crop grown? e.g. protected, shaded, outdoors etc.	
What are the symptoms? Briefly describe the problem as you see it.	
Pesticides applied? Plus any other information, e.g. fertiliser application, soil/compost conditions etc.	