Strawberry Disease Information Form

CAL POLY Strawberry Center

Send sample(s) and completed form to:

Cal Poly Strawberry Center
1 Grand Ave, building 83, STE 1B
San Luis Obispo, CA 93407

For Official Use Only	
Sample ID:	Date Received:

Company/Ranch name:	City of the ranch:	County:
Submitter Name:	Daytime phone:	Zip:
E-mail address for report:		Date Sampled:

Please take time to fill this form as completely as possible. It helps us to diagnose your plant problem and recommend actions you need to take

You may email photos to shewavit@calpoly.edu

Strawberry variety:	Nursery Source:	Planting date:

Describe the problem in detail:

Distribution of affected plants

Only a patch on one bed ☐ Only one side of the beds (N S E W) ☐ Entire bed ☐ Several beds ☐

One area of field ☐ Scattered ☐

Crop rotation: (last crop in the field)	Soil Type: Sandy ☐ Loamy ☐ Clay ☐
When did you first notice the symptoms?	Weather conditions prior to seeing symptoms?

Symptom progression

Developed very quickly ☐ Developed gradually ☐ is getting worse ☐ is not getting worse ☐

Suspected cause:

Sample drop off at Cal Poly, Monday through Friday, 8:00a-4:00 p. Do not ship or drop off off-site on Friday or weekend.