

Strawberry Disease Information Form

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



Submitter/ Company/Ranch name		Daytime phone	County
Mailing address		City	Zip
E-mail address		Send results via E-mail Mail	
Signature	Print name	Date	

Please take time to fill out this form as completely as possible. It helps us diagnose your plant problem and recommend actions to take				
Strawberry variety	Have you seen these symptoms in this variety before?		Planting date	
Describe the problem in detail:				
Damage on the affected plant:				
Leaves affected	Roots affected	Entire plant affected		
Symptoms:	Spot	Yellowing	Shot hole	Fruit decay
	Stunting	Root rot	Distortion	Wilt
	Other:			
Field distribution				
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			
Please draw or describe the pattern of the damage. You can email photos to shewavit@calpoly.edu				

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Crop rotation: (Previous crop)		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
Other pertinent info

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Disease diagnosis and control: