



Compulsory Section

DATE: / /

Name: _____ Mobile: _____

Agronomist Contact e-mail: _____

Agronomist Code: _____

Farm Contact Phone Number/Email: _____

Farm Address: _____

GPS Co-ordinates **Latitude:** _____ **Longitude:** _____

Paddock Name / No: _____

Shire / LGA: _____

Nearest Town: _____

Crop: _____

Variety: _____

Area (Ha): _____

Symptoms: _____

Completion of the following will assist with accuracy and speed of diagnosis

Distribution in paddock: Middle: Edges: Patches: Scattered: Rows: Random: All:

Soil type: Sand: Clay: Loam:

Parts affected: Leaves: Stems: Roots: Head: All:

Percentage crop affected: 0-5 5-10 10-30 30-50 >50

Previous crop: Last year _____ 2 years ago _____ 3 years ago _____

Chemical history: _____

Additional notes: _____

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