** PGRO Plant clinic submission form**

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| **Name of enquirer:** |  |
| **Farm business/ company name:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **Agronomist (if applicable):** |  |
| **Agronomist telephone number (if applicable)**  |  |
| **Date sample collected:** |  |
| **Crop:**  |  |
| **Variety:** |  |
| **Sowing date:** |  |
| **Sowing rate:** |  |
| **Soil preparations/ cultivations:** |  |
| **Pre- and post-emergence herbicides (product, rate and application date):** |  |
| **Insecticides (product, rate and application date):** |  |
| **Fungicides (product, rate and application date):** |  |
| **Fertilisers (product, rate and application date):** |  |
| **Molluscicides (product, rate and application date):** |  |
| **Soil type:** |  |
| **Cropping history for last 5 years:** |  |
| **Notes about general crop appearance:** |  |
| **Notes about recent weather incidents at crop location:** |  |

**Please note that you can also send the information in via a report from the PGRO APP from the field.**

**PGRO, The Research Station, Great North Road, Thornhaugh, Peterborough, Cambridgeshire, PE8 6HJ, UK**