REQUEST FOR DIAGNOSIS OF POSTHARVEST DISORDERS
WSU Tree Fruit Research and Extension Center

In order to provide you with an accurate diagnosis, please provide us with a sample of at least 10-12 typical fruits and fill out this form as completely as possible. We will get back to you as soon as we can.

Gene Kupferman, Postharvest Pomologist, (509) 663-8181, ext. 239
Chang-Lin Xiao, Plant Pathologist, (509) 663-8181, ext. 229

Please print and be as specific as possible:

Your Name ____________________________ Today’s Date ____________________________
Title and Company ______________________ Time ________________________________
Address __________________________________ Telephone ____________________________
Which warehouse does fruit come from? ________________________________
Contact person at warehouse __________________ Telephone _______________________
Variety of fruit (Bisbee, Anjou, etc.) ___________________________ Grower Lot Number ___________________
Describe the problem (decay, spots, etc.) ________________________________

When were symptoms first noticed? Orchard________ Sorting table________ After packing_______
Other ________________
How much fruit is affected? Whole room________ Several grower lots________
A part of one grower lot_______ What % of fruit in bin or box is affected________
Is this fruit from: Orchard_____ Regular storage_____ Low oxygen_____ CA _____ Rapid CA_____
Has this fruit been drenched (DPA and/or Mertect)? ________________________________
Has this fruit been treated with Smart Fresh (MCP)? ________________________________
Where in the room was the fruit located? ________________________________
What do you think caused this problem? ________________________________
If the problem occurred after harvest, we will need the CO₂, O₂ and temperature levels for that room. Who should we call for these records? ________________________________
Name ____________________________ Telephone ____________________________