

Lab number

COMMERCIAL TURF DIAGNOSTIC FORM

2/2020

Client _____

OR Company name _____ Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell: (____) _____

Email _____

Date collected _____ Date submitted _____

County _____ Account _____

Submitter _____ Email copy to _____

1. Name of turfgrass affected _____ cultivar or variety _____ Sample id _____

2. Date sodded or seeded _____ 3. Percent turf affected _____ 4. Date first noticed _____

5. Suspected diagnosis or other comments _____

<p>FEE Complete one form for each sample submitted. See Sampling Guidelines for more information.</p> <p><input type="checkbox"/> \$50.00 Turf diagnosis <input type="checkbox"/> \$100.00 Out-of-state Turf Diagnosis</p> <p>\$ _____ FEE Check No. _____</p> <p>Make checks payable to Clemson University.</p>
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- 5. Location of turf**
- green
 - tee
 - fairway
 - rough
 - sod farm
 - athletic field
 - park
 - cemetery
 - other: _____

- 7. Submit photos and/or describe symptom pattern**
If patches, describe size & color, rings, bands or streaks,

- 10. Irrigation type**
- overhead system
 - manual sprinkler
 - none

12. Irrigation frequency and duration: _____

11. Irrigation water salinity: _____

- 15. Problem occurs in**
- high areas
 - low areas
 - compacted areas
 - clean-up passes
 - shady areas
 - wet areas
 - NA

- 6. Symptoms**
- browning/scorch
 - dead areas, patches
 - leaf spots
 - rings, arcs
 - poor growth
 - thinning
 - stunted
 - purple/red leaves
 - stubby roots
 - wilt
 - yellowing
 - other _____

- 8. Environment in problem area(s)**
- full sun
 - partial shade
 - shade

- 9. Weather conditions preceding development**
- clear
 - cloudy
 - rainy
 - drought
 - adequate moisture
 - excess moisture

- 13. Soil type**
- USGA root zone mix
 - sandy/sandy loam
 - sandy pushed up green
 - clay-based pushed up green

- 14. Soil drainage**
- good
 - moderate
 - fair to poor

16. Mowing frequency: _____

17. Mowing height: _____

18. List any growth regulators applied:

Product: _____

Rate: _____

Date: _____

20. How often is turf fertilized? _____

21. Fertilizer types dates: Attach additional sheets if needed.

fertilizer: _____ rate _____ when _____

fertilizer: _____ rate _____ when _____

fertilizer: _____ rate _____ when _____

22. Other Chemicals Attach additional sheets if needed

fungicide: _____ when _____

fungicide: _____ when _____

nematicide: _____ when _____

other pesticide: _____ when _____