

Lab number _____ _____

TURF PROBLEM / DISEASE DIAGNOSIS AND CONTROL

Client _____
 OR Company name _____ Last _____ First _____ MI _____
 Address _____

 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ (FEE APPLIES)
 Email _____

FEE (check all that apply)
 Complete one form for each sample submitted.

1. \$10.00 **Plant disease/plant problem diagnosis**
 2. \$20.00 **Out of state**
 3. \$1.00 **FAX fee** (include fax No.)

\$ _____ **FEE** **Check No.** _____

Make checks payable to Clemson University or as directed by county.

Client type: Commercial Residential

County _____ Account _____ Date collected _____
 Date submitted _____
 Submitter _____ Email copy to _____

Mail report (No email)

1. **Name of turfgrass affected** _____ **cultivar or variety** _____
 2. **Suspected diagnosis and other comments** _____

 3. **Sodding/seeding date** _____ **OR approximate age of turf** _____ 4. **Percentage of turf affected** _____

<p>5. Environment in problem area(s) <input type="checkbox"/> shade <input type="checkbox"/> partial shade <input type="checkbox"/> full sun</p> <p>6. Weather conditions preceding development <input type="checkbox"/> clear <input type="checkbox"/> cloudy/rainy <input type="checkbox"/> drought <input type="checkbox"/> adequate moisture <input type="checkbox"/> excess moisture</p> <p>Date/amount last rain _____ Temperature range _____</p>	<p>7. Irrigation type <input type="checkbox"/> none <input type="checkbox"/> overhead system <input type="checkbox"/> hand / manual sprinkler</p> <p>Irrigation frequency _____</p> <p>8. Soil type <input type="checkbox"/> sandy <input type="checkbox"/> loam <input type="checkbox"/> clay/clay loam <input type="checkbox"/> artificial mixture</p> <p>9. Soil drainage <input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> fair to poor</p>	<p>*10. Location of turf <input type="checkbox"/> green <input type="checkbox"/> tee <input type="checkbox"/> fairway <input type="checkbox"/> lawn - commercial <input type="checkbox"/> lawn - home <input type="checkbox"/> sod farm <input type="checkbox"/> athletic field <input type="checkbox"/> park <input type="checkbox"/> cemetery <input type="checkbox"/> other _____</p> <p>11. Did the turf green up well in spring? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (cool season turf) <input type="checkbox"/> NA (overseeded turf)</p>	<p>12. If patches present, is edge a different color than center? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Does green grass occur in the center of the patch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Are bands or streaks present, suggesting maintenance equipment or other nonliving cause? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other comments on symptoms _____ _____ _____ _____</p>
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<p>15. Symptom pattern <input type="checkbox"/> Circular patches size of patches _____ Comments _____ _____ <input type="checkbox"/> Ring or arc shapes size of rings _____ Comments _____ _____</p>	<p>16. Is grass thinning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Usual time and duration of irrigation <input type="checkbox"/> morning <input type="checkbox"/> mid day <input type="checkbox"/> evening</p> <p>Duration _____</p> <p>18. How often is turf fertilized? _____</p>	<p>19. Chemicals applied to or in vicinity of this crop</p> <p>fertilizer: _____ when _____ rate _____ lime: _____ when _____ rate _____ herbicide: _____ when _____ rate _____ fungicide: _____ when _____ rate _____ insecticide: _____ when _____ rate _____ none _____ unknown _____</p>
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