COMMERCIAL TURF DIAGNOSTIC FORM

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_______________________________________________________________________
___________________________________________________________________ _______________________________________

5. Location of turf
☐ green
☐ tee
☐ fairway
☐ rough
☐ sod farm
☐ athletic field
☐ park
☐ cemetery
☐ other:___________

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

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

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

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

10. Irrigation type
☐ overhead system
☐ manual sprinkler
☐ none

11. Irrigation water salinity:___________

12. Irrigation frequency and duration: _________________

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

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

16. Mowing frequency:________________________

17. Mowing height:___________

18. List any growth regulators applied:
Product: ________________________
Rate: __________________________
Date: _________________________

19. Weather conditions preceding development

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 ________________

FEE
Complete one form for each sample submitted. See Sampling Guidelines for more information.

☐ $50.00 Turf diagnosis
☐ $100.00 Out-of-state Turf Diagnosis

$ _________ FEE   Check No._______
Make checks payable to Clemson University.

CLEMSON UNIVERSITY
COMMERCIAL TURFGRASS CLINIC
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