# COMMERCIAL TURF DIAGNOSIS AND CONTROL

### FEE

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

- $50.00 Turf disease/turf problem diagnosis
- $100.00 Out-of-state diagnosis

$__________ FEE Check No._______

Make checks payable to Clemson University.

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<th>Client OR Company name</th>
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Email

Date collected __________________________ Date submitted __________________________

County __________________ Account __________________

Submitter __________________________ Email copy to __________________________ Fax report ____ (No email)

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### 1. Name of turfgrass affected __________________________ cultivar or variety __________________________

### 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

- sandy/sandy loam
- clay below sand
- clay/clay loam
- artificial mixture
- 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: __________________________

### 19. Symptoms

- purple/red leaves
- yellowing
- other: __________________________

### 20. How often is turf fertilized?

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<th>Date applied</th>
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### 21. Fertilizer types and dates:

Attach additional sheets if needed.

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### 22. Other Chemicals

Attach additional sheets if needed.

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