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| Turfgrass Sample Submission Form |

Date Collected: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Office Use Only**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sample #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Symptoms Appeared: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Sample ID/Turf Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Golf Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visual Symptoms (photos required – see submission guidelines) Plant Part Affected**

Patches  Yellowing  Leaf

Rings  Wilt  Stem

Spots  Stunting  Roots

Streaks  Root Rot  Other

Thinning  Complete Kill

Comments/Description of Problem (Attach additional sheets if needed):

**Location of Turf Site Exposure Soil Type Drainage**

Comments/Other:

Green  Full Sun  Sandy  Good

Tee  Part-Shade  Loam  Fair

Fairway  Full Shade  Silt  Poor

Lawn  Clay

**Fungicide(s) Applied in the Last 2 Months (or attach spray records)**

Date Product Rate/1000ft2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Insecticide(s)/Herbicide(s) Applied in the Last 2 Months (or attach spray records)**

Date Product Rate/1000ft2

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**Fertilizer(s) Applied this Season (or attach spray records)**

Date Product Rate Nitrogen/1000ft2

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**Cultural Practices**

Date Description

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**Additional Comments (attach separate sheets where needed)**

**Fees (will be invoiced by OSU after diagnosis is complete):**

$100 - Disease Diagnosis without Short Report

$150 - Disease Diagnosis with Short Report (cultural practices and fungicide recommendations)