



Turfgrass Sample Submission Form

Method of Payment

- \$100 Diagnosis via phone/email
\$150 Diagnosis with full report including recommendations
Send me an invoice for payment
Check made payable to Ag Research Foundation included

Office Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_
Sample #: \_\_\_\_\_
Response Date: \_\_\_/\_\_\_/\_\_\_

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, Other, 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

- Green, Tee, Fairway, Lawn, Seed Farm, Sod Farm

Soil Type

- Sandy, Loam, Silt, Clay

Site Exposure

- Full Sun, Part-Shade, Full Shade

Drainage

- Good, Fair, Poor

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

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

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

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

Date	Product	Rate/1000ft <sup>2</sup>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date	Product	Rate/1000ft <sup>2</sup>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Date	Product	Rate Nitrogen/1000ft <sup>2</sup>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Cultural Practices (include irrigation practices)**

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____

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