

Turf Disease Diagnostic Form

Date: _____ (MM/DD/YYYY)

Name: _____

Email: _____

Address: _____

City/County: _____

Phone: _____

Send samples as soon as possible after collecting. Do not expose to extreme temperatures. Please fill all applicable fields on this form, including page 2.

Type of grass: _____

Was the grass seeded or sodded? _____ Date: _____

Did the problem occur at once? Yes No Is the problem getting worse? Yes No

Approximate date the problem appeared: _____

Describe the problem: _____

Check all of the turf's symptoms:

- Leaf spot Frog eye/Dead areas Yellowing Other: _____
 Bleached Patches/Rings/Arcs Poor growth _____

Describe the pattern of disease: _____

Describe the location or environment: _____

Soil type (check all that apply):

- Clay Fill Sand Loam Silt Chalk Other: _____

Check all terrains that are associated with the problem:

- Low area Irregular Sloped Other: _____
 Level High area Steep _____

Aspect of the site where the sample was collected:

- North South East West Unknown Other: _____

Irrigation type: Sprinkler Hand None Other: _____

Frequency: _____ Amount: _____

Pesticides used, if any (name and rate) Fungicide: _____

Other: _____ Herbicide: _____

_____ Insecticide: _____

Fertilizer applied (name, date, rate): _____

Other treatments (aeration, dethatching, etc.): _____

Additional information: _____

A diagnostician will be in touch shortly after your submission is analyzed. Further information and additional forms are available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions? Yes No