



**Turfgrass Diagnostic Lab**  
 O. J Noer Facility  
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### Commercial Sample Submission Form

Date: \_\_\_ / \_\_\_ / \_\_\_ TDL Contract Holder \_\_\_ Yes \_\_\_ No\*

Submitter's Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Sample:**     Disease     Insect     Weed     Uncertain

Plant Information	Symptom Information	Site Information
<b>Turf Type:</b> _____ <b>Location:</b> <input type="checkbox"/> Lawn <input type="checkbox"/> Sod Field <input type="checkbox"/> Green <input type="checkbox"/> Tee <input type="checkbox"/> Fairway  <b>Height of Cut:</b> _____ <b>Approx. Age of Stand:</b> _____ <b>Establishment Method:</b> <input type="checkbox"/> Seed <input type="checkbox"/> Sod	<b>Type of Damage:</b> <input type="checkbox"/> Rings <input type="checkbox"/> Patches <input type="checkbox"/> Spots <input type="checkbox"/> Streaks <input type="checkbox"/> Irregular  <b>Frequency:</b> <input type="checkbox"/> Entire Area <input type="checkbox"/> Isolated <input type="checkbox"/> Moderate	<b>Damage Size:</b> <input type="checkbox"/> Small (under 2") <input type="checkbox"/> Medium (2-12") <input type="checkbox"/> Large (Over 12")  <input type="checkbox"/> Isolated  <b>Exposure:</b> <input type="checkbox"/> Full Sun <input type="checkbox"/> Part-Shade <input type="checkbox"/> Full Shade <input type="checkbox"/> Windy <input type="checkbox"/> Protected  <b>Soil Type:</b> <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Muck  <b>Drainage:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair

### Chemical and Fertilizer Applications

List any recent pesticide applications (please include the date and rate of the pesticide application): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Problem Description

Include symptoms, plant parts affected, pattern of occurrence, etc. (Attach additional sheet if needed):

\_\_\_\_\_

\_\_\_\_\_

Pictures of the affected area will aid in accurate sample diagnosis. Pictures can be mailed along with sample or e-mailed to [plk@plantpath.wisc.edu](mailto:plk@plantpath.wisc.edu)

Please include a check or money order payable to Turf Diagnostic Lab for \$100.00 (diagnosis and verbal report) or \$125.00 (diagnosis, verbal report and written report), otherwise we will invoice you. DO NOT SEND CASH.  
 \* If you are a contract holder, there is no charge for diagnoses.  
**Collecting Samples:** Collect and submit samples early in the week. Do not send samples of dead grass. Instead, remove the sample from the interface of the diseased and healthy turf. A 6" plug or a cup cutter size is a good sample size (samples collected with soil probes are useless). Include the roots or about 2" of soil. Submit fresh samples wrapped in aluminum foil. Do not pack sample in plastic. Mail immediately, and use an over-night service if possible. Keep this sheet separate from sample to prevent it from getting wet. If you have a questions about collecting or submitting a sample, please call (608) 845-2535.