



Send Samples to:
 Turf Diagnostics Inc.
 8 Cooper Drive
 Ossining, NY 10562
 Attn: Jenny McMorrow

Sample Instructions:
 Sample should be 4-5 inches in diameter.
 Include the diseased area and some healthy turf.
 Include the top 2-3 inches of soil underneath the
 turf. Make sure the soil is held together.

Disease Sample Submission Form

Your Information (you may include your business card instead)		
Name:	Golf Course:	
Sample Location:	Date Sample Taken:	
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Billing Information		
Accounts Payable Contact:	Phone Number:	
Accounts Payable Email:		

1. What fungicides have you used in the past 2 weeks? At what rate?		
Date of Application	Product(s) Used	Rate per 1,000 ft ²
2. What grasses are present in the sample(s)?		
<input type="checkbox"/> Bentgrass <input type="checkbox"/> Poa <input type="checkbox"/> Bermudagrass <input type="checkbox"/> Ryegrass <input type="checkbox"/> Other _____		
3. What symptoms are present in this sample(s)?		
<input type="checkbox"/> Circular patches <input type="checkbox"/> Streaking <input type="checkbox"/> Wilting <input type="checkbox"/> Frog Eye <input type="checkbox"/> Quick Death <input type="checkbox"/> Thinning <input type="checkbox"/> Sunken Look <input type="checkbox"/> Yellowing <input type="checkbox"/> Spots (size) _____ <input type="checkbox"/> Other _____		
4. Have you applied a nematicide in the last month? Yes No (Circle One)		
5. Have you applied a growth regulator in the last month? Yes No (Circle One)		

Email additional information and photos to: turfdiagnostics@optonline.net
 Questions? Call: (914) 762-0710

Lab report with results and invoices will be emailed to the given email addresses.