



**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

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

<b>1. What fungicides have you used in the past 2 weeks? At what rate?</b>		
Date of Application	Product(s) Used	Rate per 1,000 ft <sup>2</sup>
<b>2. Describe the recent weather</b>		
<input type="checkbox"/> Sunny <input type="checkbox"/> Rainy <input type="checkbox"/> Windy <input type="checkbox"/> Humid <input type="checkbox"/> Hot (above 80°) <input type="checkbox"/> Moderate <input type="checkbox"/> Cold (below 50°)		
<b>3. What grasses are present in the sample(s)?</b>		
<input type="checkbox"/> Bentgrass <input type="checkbox"/> Poa <input type="checkbox"/> Bermudagrass <input type="checkbox"/> Ryegrass <input type="checkbox"/> Paspalum <input type="checkbox"/> Other _____		
<b>4. What symptoms are present in this sample(s)?</b>		
<input type="checkbox"/> Circular patches <input type="checkbox"/> Streaking <input type="checkbox"/> Wilting <input type="checkbox"/> Frog Eye <input type="checkbox"/> Rings <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 _____		
<b>5. Have you applied a nematicide in the last month?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which one _____		
<b>6. Have you applied a growth regulator in the last month?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which one _____		

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

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