

PLANT DIAGNOSTIC LABORATORY

Turf Sample (non-commercial) Submission Form

For each turf sample you submit, please include:

- 1) \$20.00 check payable to "URI";
- 2) this Turf Sample Submission Form;
- and 3) Two photos (a close-up of the affected area, and the entire lawn)

Email photos to: plantlab@uri.edu

Mail or drop off samples to: URI Plant Diagnostic Laboratory, 3 East Alumni Avenue, Kingston, RI 02881

SUBMITTER AND SAMPLE INFORMATION:

Submitter Name: _____ Date: _____

Business Name: _____

Street Address, City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Date sample was collected: _____ Grass species: _____ Cultivar: _____

OBSERVATIONS (please select and/or answer the most appropriate choice and/or question):

Symptoms/Signs:

- Patches
- Rings/Arches
- Leaf spot/Blight
- Yellowing
- Wilt
- Mushrooms

Occurrence:

- Suddenly
- Gradually

Lawn Established:

- Within the last year
- 2-3 years
- >3 years

Percent Lawn Affected:

- 5-10%
- 10-25%
- 25-50%
- 50-75%

Site Condition:

- Shade
- Part shade
- Full sun

Additional Comments: _____

Drainage:

- Excellent
- Good
- Moderate

Location:

- Lawn
- Golf green/Fairway
- Utility
- Industrial
- Other: _____

Grown From:

- Seed
- Sod
- Don't Know
- Other: _____

Dethatch/Aeration:

- Yes
- No
- Date: _____

Soil Type and pH:

- Sandy
 - Clay
 - Loam
 - Sand green
 - Other: _____
- pH: _____
- Last soil test: _____

Irrigation:

- None
 - Hose
 - Sprinklers
 - Other: _____
- Rate: _____
- Frequency: _____

Insect and Insecticide History:

- Billbug
 - Chinch bugs
 - White grubs
 - Other: _____
- Product: _____
- Rate: _____
- Date: _____

Herbicides:

- Product: _____
- Date: _____
- Rate: _____

Fungicide:

- Product: _____
- Date: _____
- Rate: _____

Fertilizer:

- Product: _____
- Date: _____
- Rate: _____

FOR OFFICE USE ONLY

No. of Samples: _____

Amount Paid: _____

Date Received: _____

Resubmission? Yes No

Submission Type? Mail-In Walk-In