

**EXTENSION** 

## PLANT DIAGNOSTIC LABORATORY

## Turf Sample (homeowners only) 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 Co	ode:	
Phone Number:	Email Address:	
Date sample was collected:	Grass species:	Cultivar:
<b>OBSERVATIONS</b> (please select a	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 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:         Date:         Rate:         Product:         Rate:         Date:         Rate:         Product:         Date:         Product:         Date:         Product:         Rate:         Date:         Rate:         Date:         Rate:         Rate:         Rate:         Rate:         Rate:         Rate:         Rate:         Rate:         Date:         Rate:         Date:         Rate:         Rate:         Rate:         Rate:         Rate:         Rate:
FOR OFFICE USE ONLY		
No. of Samples:	Amount Paid:	Date Received:
Resubmission?   Yes  No	Submission Type? 🗆 Mail-In 🗆 Walk-In	