

Send samples to:

Turfgrass Photo Diagnostics
903 Westminster, Cave Springs, AR 72718
Phone: (405) 651-7750, Email: waite.colbaugh@turfgrasspd.com

Plant Disease Diagnostic Information

Form from Diagnostic Web Site: www.turfgrassphotodiagnostics.com

This form supports an e-mail-based turfgrass diagnostic service designed to provide you with disease information in a minimum of time. Use a separate form for each disease or grass species you want diagnosed. Use any of the commercial services for overnight mailing of samples and enclose the complete information on this form. All the indicated information is needed to facilitate rapid diagnostics and getting the information back to you quickly. Make sure you put an (X) on the drawing below approximating the symptom patterns. Package one or two cup cutter samples and completely wrap in aluminum foil for overnight shipment. This will insure high humidity for disease identification. Expect to receive an e-mail report from me the same day I receive your sample. Please indicate below if this will be paid with a Group Billing Account, or by individual, or golf course. We will send you an invoice (**\$150 per sample diagnostic fee**) shortly after the diagnosis is completed. Remember to print your email address clearly and check for accuracy to get your report routed back to you ASAP.

Select: Full report with commented photos -or- Fast/Expedite (I.D. & information only)

Billing Group Account? _____
Or Bill to Business/Club? _____ Today's Date: _____
Club Origin of Sample _____ Your E-mail _____
address: _____ or Club e-mail? _____
_____ Contact Phone # _____

Enclose your business card with sample. Also (optional) you can send an email digital photo of your green

TURFGRASSES

Description of problem: _____

Suspect disease? _____ Suspect other causes? _____

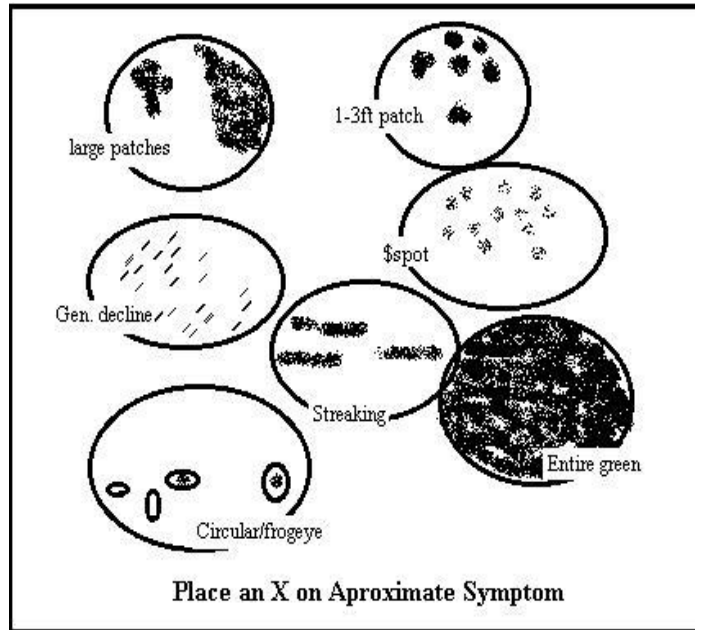
- Sample: One cup-cutter-size sample, placed in aluminum foil wrap (eliminate excess soil).
- Send samples by overnight mail, to arrive **Monday - Saturday.**
- Provide information on turf type, weather and cultural conditions on this form.

Type of turf _____

Variety of turf _____

Type of Symptom (Indicate Symptom in Box)-->

Origin of sample:
Landscape _____ Sod farm _____
Golf: Greens _____ Fairway _____



General weather conditions the previous 3 days:

Cold / dry _____ Moderate / dry _____ Hot / dry _____
Cold / wet _____ Moderate / wet _____ Hot / wet _____ Last Rainfall? _____
Recent fertility: low _____ moderate _____ high _____ possible burn? _____
Recent pesticide use? _____ possible burn? _____
Recent surfactant use? _____ possible burn? _____

(Additional comments can be made on the back of this form.)