

**TURFGRASS PHOTO DIAGNOSTICS**

# **DIAGNOSTIC REPORT**

SAMPLE (#)

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**Club Name:** Your Club Name Here  
**Address:** Your Club Address

**Sample Receipt Date:** ###/###/####

**Billing Group Account:** Billing Information if different from Club Information

**Contact Information:** Point of Contact information for report

**Diagnosis:** Your Samples Primary Pathogen

**Disease:** Pathogen Information

**Impacted Turf Species:** Grass species commonly impacted by pathogen

**Impacted Sites:** Greens, Utility Turf, or Other

**Cultivar:** Cultivar Information

**Age of Greens Impacted:** Age of greens susceptible to the pathogen

**Seasonality of Pathogen:**

**Recommended Treatment:**

Recommended control methods

**Recommended Fungicides:** Fungicides known to be most effective to control pathogen and as well as a recommended treatment plan.

**Turfgrass Photo Diagnostics**  
**339 Jade Circle, Vallejo, CA 94590**  
**(707) 564-6866**

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Send samples to:

Turfgrass Photo Diagnostics  
339 Jade Circle, Vallejo, CA 94590  
Phone: (707) 564-6866, Email: waite.colbaugh@turfgrasspd.com

### Plant Disease Diagnostic Information

Form from Diagnostic Web Site: [www.turfgrass-photodiagnosics.com](http://www.turfgrass-photodiagnosics.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 (**diagnostic fee \$150 per sample**) 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? \_\_\_\_\_

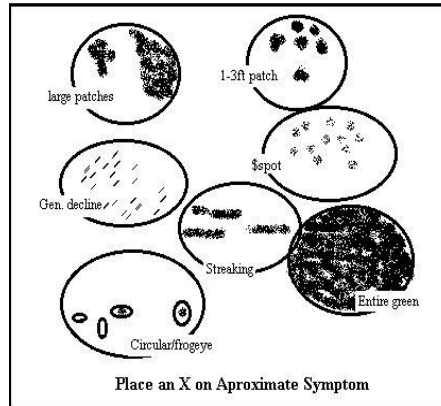
- Sample: One cup-cutter-size sample, placed in aluminum foil wrap (eliminate excess soil).
- Send samples by overnight mail, to arrive **Monday - Saturday.**
- Provide information on turf type, weather and cultural conditions on this form.

**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.)*

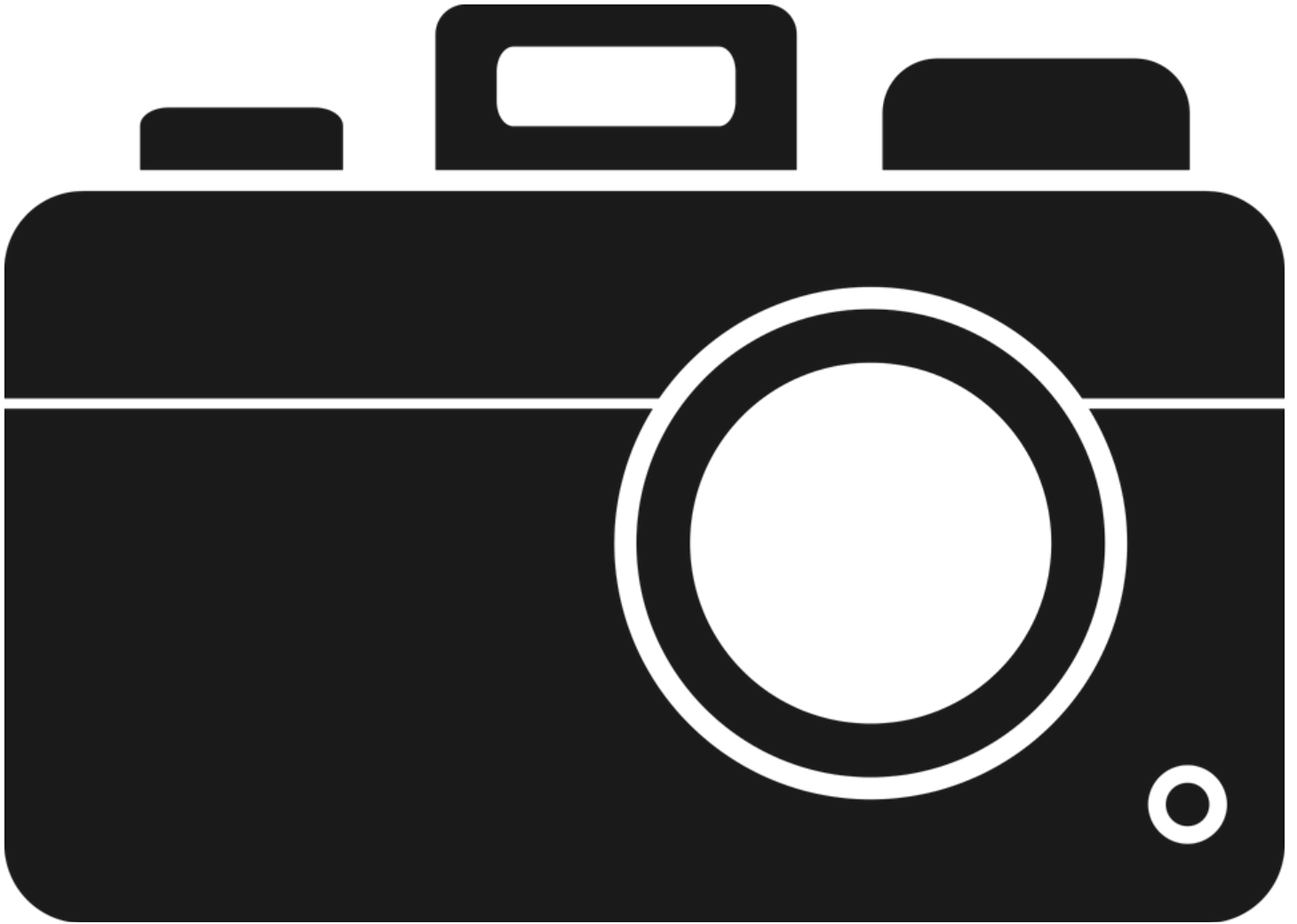
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**Commented Photo**

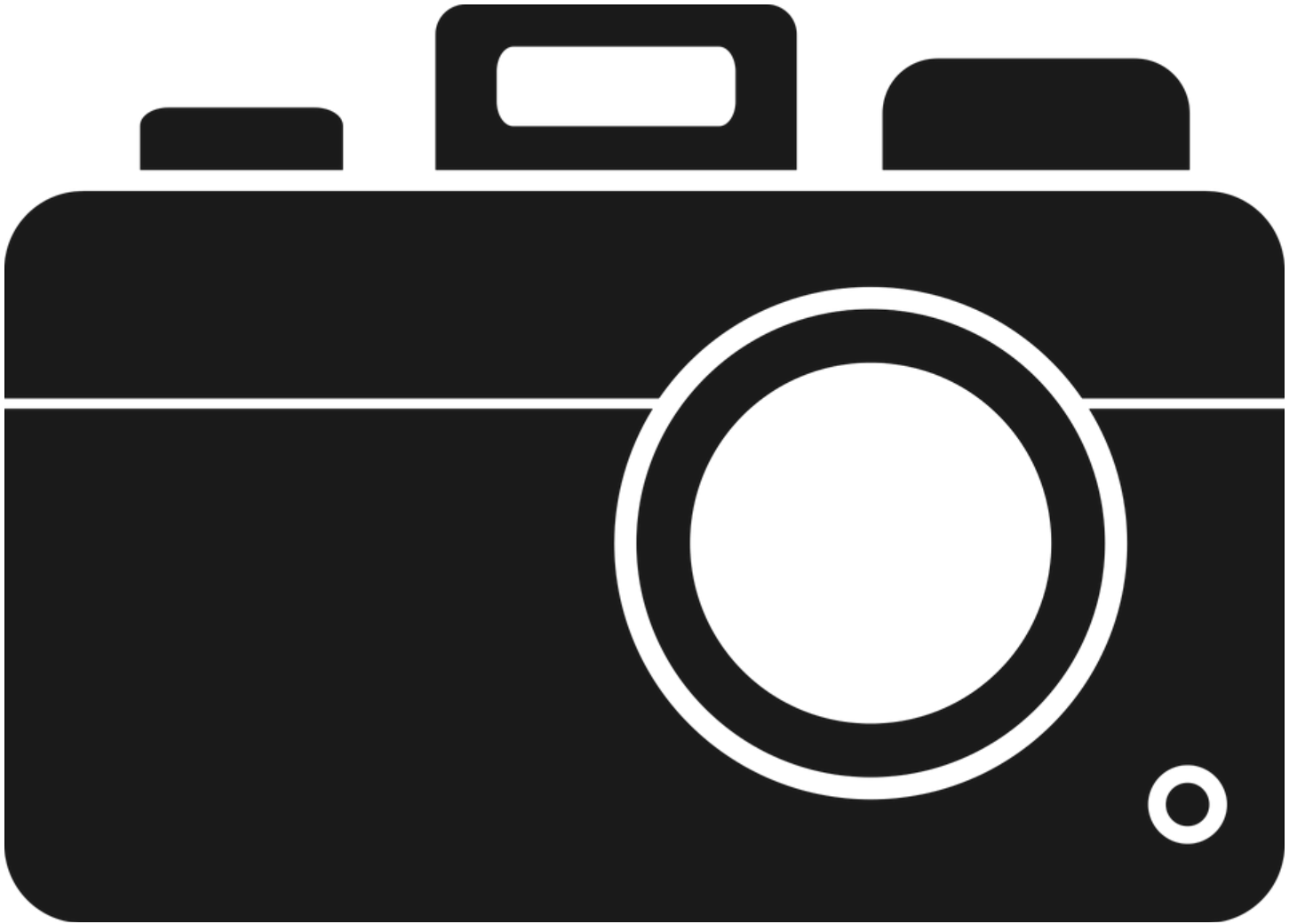
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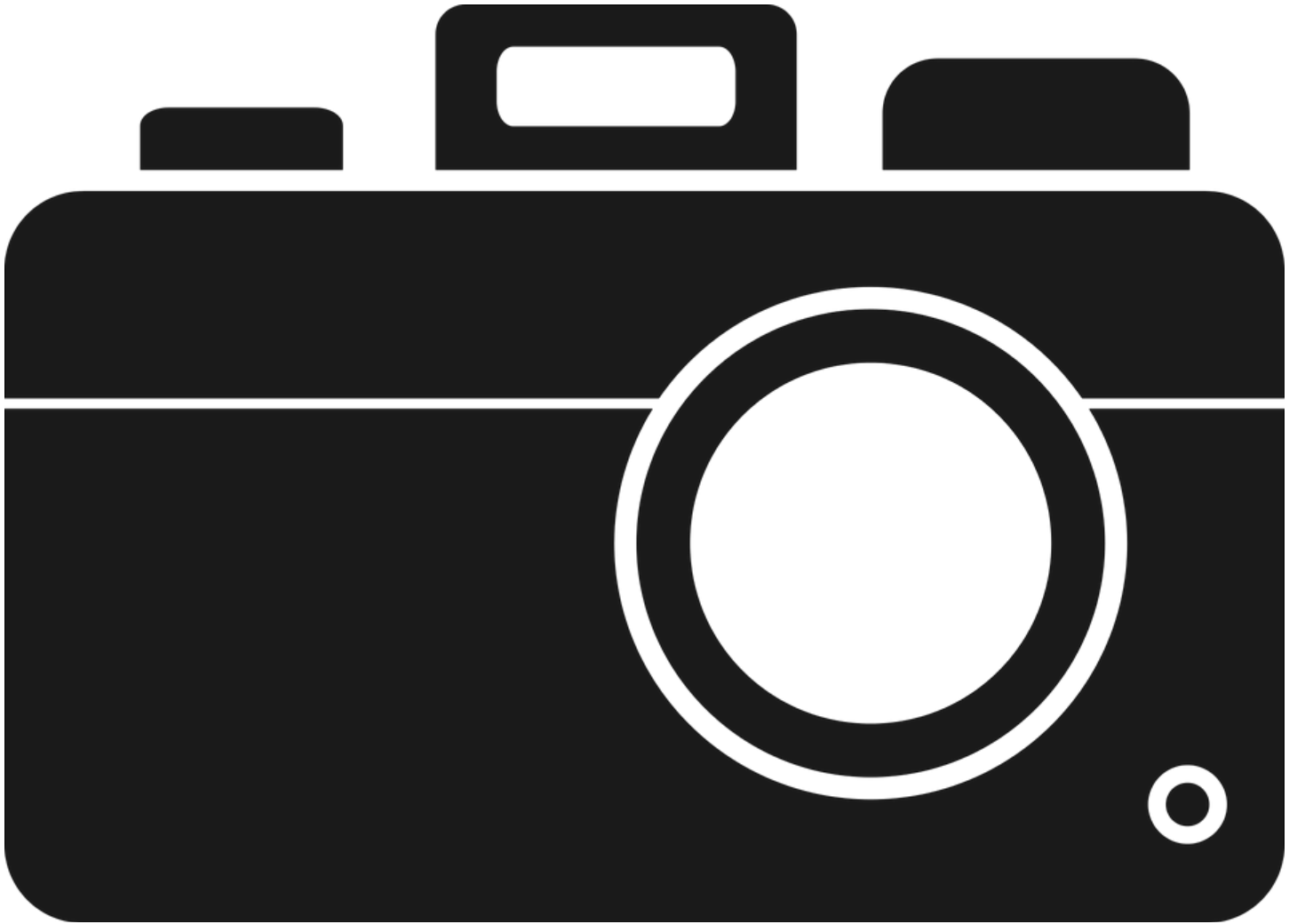
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