

TURFGRASS PHOTO DIAGNOSTICS

EXPEDITED DIAGNOSTIC REPORT

SAMPLE (#)

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

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? _____ Today's Date: _____
 Or **Bill to Business/Club?** _____
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?* _____

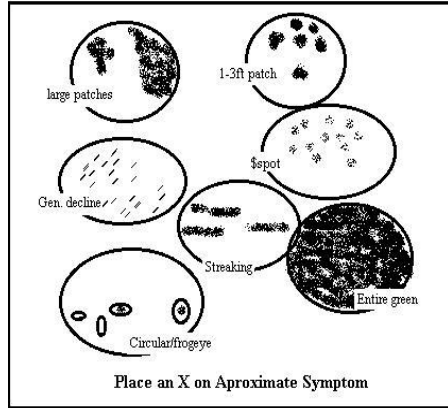
- Sample: One cup-cutter-size sample, placed in aluminum foil wrap (eliminate excess soil).
- Send samples by overnight mail, to arrive **Monday - Saturday.**
- Provide information on turf type, weather and cultural conditions on this form.

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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