

Turfgrass Disease Identification Form



Plant Diagnostic Clinic

28 Mumford Hall
University of Missouri
Columbia, MO 65211

For lab use only

Lab # _____
 NPDN # _____
 Condition on arrival Excellent Good Fair Poor
 Check: \$ _____ No. _____ Date _____
 Cash: \$ _____ Amount due: \$ _____

Contact us: 573-882-3019

Email: plantclinic@missouri.edu

<http://plantclinic.missouri.edu>

Mail reply to:	Submitter	Client	Charges	Make check payable to the University of Missouri
Email reply to:	Submitter	Client	\$100 for out-of-state	Please use a separate form for each sample.
Send bill to:	Submitter	Client	\$50 for in-state golf	
			\$25 for in-state commercial (lawn and lawnscape, sod production)	
			\$15 for in-state homeowner	

Submitted by: _____ Submitted for (client): _____
 Business name: _____ Business name: _____
 Address: _____ Address: _____
 City/state/ZIP: _____ City/state/ZIP: _____
 Phone: _____ Cell: _____ Phone: _____ Cell: _____
 Email: _____ Email: _____

Information about submitter/client	Submitter	Client	Submitter	Client	Submitter	Client
		Farmer/grower		Landscaper		Extension educator
		Homeowner		Dealer/industry rep		Lawn care company
		Golf course superintendent				Groundskeeper

Turfgrass species _____ Date noticed _____ **Symptoms developed in:**
 Cultivar _____ Date collected _____ Days _____ Weeks _____ Months
 County of origin _____ Date sent _____ Occurred in previous years _____

Turfgrass Date established _____ Sod _____ Seed _____ Plugs _____ **Greens** _____
 Approximate age (when constructed) _____

Location	Soil pH _____	Soil drainage _____	Pesticides or management inputs within the past 30 days (rates and dates)
Putting green			Fertilizer _____
Tee boxes	Good		Growth regulators _____
Fairway	Poor		Herbicides _____
Surround	-or-		Fungicides _____
Athletic field	_____ Number of plants		Insecticides _____
Sod farm	_____ Percent of plants		Aerification _____
Home lawn			
Park/cemetery			
Commercial property			

Pesticides used previously to control problem: _____
 Rates and application dates: _____

Fertilizer program: _____

Please describe the problem. Include symptoms (i.e., rings, patches, spots, etc.), patterns (i.e., clustered, random, in lines), and plant parts affected. Email photos to plantclinic@missouri.edu.

Diagnosis (lab use only)

 _____ Diagnostician

See reverse side of form for instructions on collecting and mailing samples

Sampling

- Collect samples early in the week, especially if sending by mail.
- Take plugs from the outer margins of affected areas, including $\frac{2}{3}$ symptomatic turf and $\frac{1}{3}$ healthy turf.
- Take plugs at least 4 to 6 inches across with a cup cutter or knife to a depth of 3 to 4 inches or to the extent of the root zone.
- If possible, send two total plugs per sample.
- Drop-off hours are Monday through Friday, 9 a.m. to 4 p.m.

Shipping

- Wrap the bottom and sides of the plug in aluminum foil or newspaper, leaving turf foliage exposed.
- Do not place turf samples in plastic bags. **Do not** add wet paper towels or excess moisture to packages. This can lead to proliferation of non-pathogens and increased decay of the turf sample in transit.
- Place the samples in a cardboard box, and secure it tightly with newspaper or other packing materials.
- Please fill out the form completely and legibly. Pack the form in the box such that it will not get wet or damaged.

Mailing

- Take the sample on the same day you intend to mail it.
- Avoid exposing the sample to excess heat (i.e., closed vehicle on hot day).
- Mail early in the week to avoid weekend delays in shipping.
- Always use at least first-class mail. A next-day service or delivery in person is the best way to ensure that the sample arrives in good condition.

Photos

- We highly recommend you submit digital photographs to aid with disease identification.
- Email photos to plantclinic@missouri.edu with information on your sample submission.