



# TURFGRASS SAMPLE FORM

C. Wayne Ellett PLANT AND PEST DIAGNOSTIC CLINIC

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Office Use Only	
Sample #	_____
Date Rec.	_____
Amt. Rec.	_____
Ck. #	_____
Ser Amt.	_____

### CONTACT:

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
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 E-mail: \_\_\_\_\_

### SEND RESULTS TO:

Contact  OSUE Educator  Other

### BILL TO:

Contact  OSUE Educator  Other

.....  
 Other: \_\_\_\_\_

COUNTY SAMPLE FROM: \_\_\_\_\_

Extension Educator: \_\_\_\_\_

Educator County: \_\_\_\_\_

### PROVIDE INFORMATION FOR DIAGNOSIS (Use reverse side as needed.)

Turfgrass(s) and % of stand:  Kentucky bluegrass \_\_\_\_%  perennial ryegrass \_\_\_\_%  fine fescue \_\_\_\_%  
 tall fescue \_\_\_\_%  *Poa annua* \_\_\_\_%  creeping bentgrass (variety: \_\_\_\_\_) \_\_\_\_%  
 other \_\_\_\_\_

Turf Established:  seeded  sodded Age: \_\_\_\_ Soil Type:  sand  loam  clay  other \_\_\_\_\_

Soil Conditions:  wet  dry Drainage:  poor  good Soil Compaction:  yes  no Irrigation:  yes  no

Type of Irrigation and when does it run? \_\_\_\_\_

Turfgrass Use:  home lawn  golf ( green  tee  fairway  rough)  sports (which?) \_\_\_\_\_  
 other \_\_\_\_\_

Date Symptoms Noticed: \_\_\_\_\_ Has the problem happened before?  yes  no When? \_\_\_\_\_

Weather (when problem started): Rainfall:  wet  dry  average Temperatures: days \_\_\_\_°F nights \_\_\_\_°F

Light Conditions:  full sun  partial shade  full shade % sunlight \_\_\_\_ Receiving morning sunlight?  yes  no

Current Conditions: Rainfall:  wet  dry  normal Temperatures: days \_\_\_\_°F nights \_\_\_\_°F

Maintenance: mowing frequency \_\_\_\_\_ height \_\_\_\_\_ core cultivation (last date) \_\_\_\_\_ topdressing frequency \_\_\_\_\_

Symptoms (Patterns on affected turfgrass):  circles  streaks  spots  large areas  random thinning

other \_\_\_\_\_

Suspected Problems: \_\_\_\_\_

Chemical Applications: List fungicides used, rates, and dates of applications. List other chemicals applied.

Fertilizer Program: Rate: \_\_\_\_\_ lbs of N / 1000 sq. ft. per year Date (of last application and rate): \_\_\_\_\_

Home Lawns: lawn service?  yes  no number of apps this year \_\_\_\_ when? \_\_\_\_\_

do-it-yourself program?  yes  no number of apps this year \_\_\_\_ when? \_\_\_\_\_

DESCRIBE SYMPTOMS AND PROVIDE ANY ADDITIONAL INFORMATION. (Continue on back.)

Include photos and / or sketches of the affected plants and areas. Remember a picture is worth 1000 words!