



Turfgrass Diagnostic Lab
 OJ Noer Turfgrass Facility
 2502 S Pleasant View Rd
 Verona, WI 53593

Phone: (608) 845-2535
 Fax: (608) 845-8162
 E-mail: hockemeyer@wisc.edu
 URL: www.tdl.wisc.edu

Commercial Sample Submission Form

Date: ___ / ___ / ___ TDL Contract Holder __ Yes __ No*
 Submitter's Name: _____
 Business: _____
 Address: _____
 City/State/Zip: _____
 County: _____ Phone: (____) _____
 Fax: _____ Email: _____

Office Use Only
 Date Received: ___ / ___ / ___
 Sample #: _____
 Response Date: ___ / ___ / ___
 By: P / F / M / E

Type of Sample: Disease Insect Weed Uncertain

Plant Information	Symptom Information	Site Information
Turf Type: _____ Location: <input type="checkbox"/> Lawn <input type="checkbox"/> Sod Field <input type="checkbox"/> Green <input type="checkbox"/> Tee <input type="checkbox"/> Fairway Height of Cut: _____ Approx. Age of Stand: _____ Establishment Method: <input type="checkbox"/> Seed <input type="checkbox"/> Sod	Type of Damage: Damage Size: <input type="checkbox"/> Rings <input type="checkbox"/> Small <input type="checkbox"/> Patches <input type="checkbox"/> (under 2") <input type="checkbox"/> Spots <input type="checkbox"/> Medium <input type="checkbox"/> Streaks <input type="checkbox"/> (2" to 12") <input type="checkbox"/> Irregular <input type="checkbox"/> Large <input type="checkbox"/> (over 12") Frequency: <input type="checkbox"/> Entire Area <input type="checkbox"/> Isolated <input type="checkbox"/> Moderate	Exposure: Soil Type: <input type="checkbox"/> Full Sun <input type="checkbox"/> Sandy <input type="checkbox"/> Part-Shade <input type="checkbox"/> Loam <input type="checkbox"/> Full Shade <input type="checkbox"/> Silt <input type="checkbox"/> Windy <input type="checkbox"/> Clay <input type="checkbox"/> Protected <input type="checkbox"/> Muck Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair

Chemical and Fertilizer Applications

List any recent pesticide applications (please include the date and rate of the pesticide application)

Problem Description

Include symptoms, plant parts affected, pattern of occurrence, etc. (Attach additional sheet if needed).

Pictures of the affected area can aid in accurate sample diagnosis, and may be mailed along with sample or emailed to lab manager Kurt Hockemeyer at hockemeyer@wisc.edu

Payment: Check or money order payable to the Turfgrass Diagnostic Lab may be included with sample or an invoice requested. Submission Fees are \$100.00 for diagnosis without written report and \$150.00 for diagnosis and written report.

Sample Submission: Samples should be collected at the interface of affected and unaffected turfgrass. Samples should be approximately 6" in diameter (cup cutter size) and taken deep enough to include the plant's root mass. Samples should be wrapped in aluminum foil and shipped immediately to avoid contamination and decay. Keep this form separate from sample to prevent it from getting wet. If you have any questions about the sample submission process please contact the lab.