



Turfgrass Diagnostic Lab Form

<http://turf.okstate.edu>

Turfgrass Diagnostic Lab, 127 Noble Research Center, OSU, Stillwater, OK 74078
(405) 744-6830 or nathan.walker@okstate.edu

Disease analysis Nematode analysis (check all that apply)

Name _____	cell phone # () _____
Address _____	alternate # () _____
City _____ State _____ Zipcode _____	e-mail _____@_____

Turfgrass Type	
<input type="checkbox"/> Bentgrass	Cultivar _____
<input type="checkbox"/> Bermudagrass	Age _____
<input type="checkbox"/> Fescue	
<input type="checkbox"/> Zoysia	
<input type="checkbox"/> Ryegrass	<input type="checkbox"/> over seeded

Fertility Program	Date/type of Application
<input type="checkbox"/> Foliar	_____ N__P__K__ lbs/1000
<input type="checkbox"/> Granular	_____ N__P__K__ lbs/1000
<input type="checkbox"/> Organic	_____ N__P__K__ lbs/1000

Irrigation	
<input type="checkbox"/> Daily	<input type="checkbox"/> Overhead
<input type="checkbox"/> As needed	
<input type="checkbox"/> Every ____ day(s)	<input type="checkbox"/> Syringing

Pesticide Applications		
Product _____	Date ___/___/___	Rate _____
Product _____	Date ___/___/___	Rate _____
Product _____	Date ___/___/___	Rate _____
Product _____	Date ___/___/___	Rate _____

Mowing	
Type of mower (reel, rotary) _____	
Every _____ day(s)	
Rolling <input type="checkbox"/> Yes <input type="checkbox"/> No	
Every _____ day(s)	

Additional inputs (growth regulator, gypsum, etc)		
Product _____	Date ___/___/___	Rate _____
Product _____	Date ___/___/___	Rate _____

Turfgrass application	
<input type="checkbox"/> lawn <input type="checkbox"/> athletic field <input type="checkbox"/> fairway <input type="checkbox"/> rough <input type="checkbox"/> sod	
Known stresses, such as traffic, management mistake, or shade _____	

Symptoms

Pattern	First appeared on ___/___/___
<input type="checkbox"/> Round or circular	
<input type="checkbox"/> Linear or streaks	
<input type="checkbox"/> Irregular	Other comments _____
<input type="checkbox"/> Spots	_____

Appearance	
<input type="checkbox"/> Rapid decline or wilt	Size of symptoms _____
<input type="checkbox"/> Slow decline	# of greens or locations _____
<input type="checkbox"/> Greasy	
<input type="checkbox"/> Water soaked	Is this problem spreading?
<input type="checkbox"/> Dry rot	<input type="checkbox"/> yes <input type="checkbox"/> no

Lab use only	
Paid <input type="checkbox"/> yes <input type="checkbox"/> no Bill to: _____	
Diagnosis: _____	
Sample _____	
Sample _____	
Sample _____	
Sample _____	