



# Turfgrass Diagnostic Lab Form

<http://turf.okstate.edu>

Turfgrass Diagnostic Lab, 127 NRC, 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**

Bentgrass      Cultivar \_\_\_\_\_

Bermudagrass    Age \_\_\_\_\_

Fescue

Zoysia

Ryegrass     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**

Daily                       Overhead

As needed

Every \_\_\_\_ day(s)     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  Yes  No

Every \_\_\_\_\_ day(s)

**Additional inputs (growth regulator, gypsum, etc)**

Product _____	Date ___/___/___	Rate _____
Product _____	Date ___/___/___	Rate _____

**Turfgrass application**

lawn     athletic field     fairway     rough     sod

Known stresses, such as traffic, management mistake, or shade \_\_\_\_\_

## Symptoms

**Pattern**                      First appeared on \_\_\_/\_\_\_/\_\_\_

Round or circular

Linear or streaks

Irregular                      Other comments \_\_\_\_\_

Spots                              \_\_\_\_\_

**Appearance**

Rapid decline or wilt      Size of symptoms \_\_\_\_\_

Slow decline                      # of greens or locations \_\_\_\_\_

Greasy

Water soaked

Dry rot

Is this problem spreading?  
 yes     no

**Lab use only**

Paid  yes  no    Bill to: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Sample \_\_\_\_\_

Sample \_\_\_\_\_

Sample \_\_\_\_\_

Sample \_\_\_\_\_