

GUIDELINES FOR SUBMISSION OF TURFGRASS SAMPLES

1. To diagnose turfgrass problems, we need **at least a 6" x 6" piece of the turf**, including the root system and soil. If using a golf course cup cutter, please send at least 2 plugs.
2. Collect samples from the border between healthy and diseased turf, so that 2/3 of the sample is diseased and 1/3 is healthy.
3. Wrap the soil and roots in aluminum foil to keep the soil from shaking loose during transit.
4. **DO NOT store or transport the samples in plastic bags.** Instead, place the samples in a cardboard box, and stuff it with newspaper or other packing material to hold the samples in place.
5. Please fill out the sample submission form **completely and legibly**. Describe the symptoms you are observing as accurately as possible. All of the information requested on the form is needed to make an accurate diagnosis.
6. **List all fertilizer, fungicide, herbicide, and insecticide applications made in the last 30 days.** Also, list any major cultural practices (aerification, topdressing, etc.) conducted in the last 30 days. These practices have a major impact on disease and insect development, and provide valuable clues that will help us make an accurate diagnosis.
7. **We accept digital images along with physical samples.** Pictures of the symptoms from a distance of 6 feet or more are very useful for diagnosis of disease and insect problems. Close-up pictures, from a distance of less than 2 feet, are usually not helpful. Please send images via email to lee_butler@ncsu.edu.
8. Send the sample and submission form to the Plant Disease and Insect Clinic by overnight mail or state courier using the following address:

Address for US Mail, UPS and FedEx:

Plant Disease and Insect Clinic
 Campus Box 7211
 100 Derieux Place
 1227 Gardner Hall
 North Carolina State University
 Raleigh, NC 27695-7211

State Courier Address:

Plant Disease and Insect Clinic
 Campus Box 7211 NCSU
 Raleigh, NC
 STATE COURIER: 53-61-21

Fee Structure**Golf Samples:**

In-State - \$50

Out-of-State- \$100

All Other Samples:

Grower submitted - \$30

Grower submitted through CES, NCSU, NCDA, etc. - \$20

Out-of-State - \$75

*Make checks payable to NCSU

TURFGRASS Sample Submission Form

NC State Turf Diagnostics Lab



PAYMENT: enclosed \$ _____ **or** Bill to: Client Consultant County/NCDA

Office Use Only:			
Clinic # _____	Date Rec'd _____ / _____ / _____		
Cash _____	Check# _____	Amt. _____	No Charge _____
Email _____	Paper Mail _____	FAX _____	Other _____

**North Carolina State University
Plant Disease and Insect Clinic**
Campus Box 7211
1227 Gardner Hall, 100 Derieux Place
Raleigh, NC 27695-7211

CES Agent/NCDA Spec. _____ County _____ Email _____

Client Information (Grower/Homeowner)

Last Name First Name Company

Address City State Zip County

E-mail: _____ Ph: (_____) _____ Fax (_____) _____

Other Info (Consultant, Landscaper, etc.)

Last Name First Name Company

Address City State Zip County

E-mail: _____ Ph: (_____) _____ Fax (_____) _____

Site Information

Turf Species _____ Variety _____ Month/Year Established _____ / _____
Establishment Method: seed sprigs sod If seed, indicate rate (lbs per 1000 sq ft) _____
If sod, purchased from where? _____
Use (check one): green tee fairway rough home lawn commercial landscape sod production
 other (please explain) _____
Mowing Type (check one): rotary reel flail Height (inches) _____ Frequency (per week) _____
Irrigation frequency (times per week) _____ Amount (inches) _____ Time of day _____

Problem Information

Information Needed: Disease ID Insect ID Plant ID Control Information: Commercial Non-commercial
When did symptoms appear? _____ When was sample collected? _____
Describe the symptoms (check all that apply): dieback leaf spots greasy/water-soaked matted thin
 chlorotic/yellow wilted stunted other (please explain) _____
Describe the pattern of symptoms (check all that apply): spots circles patches rings irregular uniform strips
 other (please explain) _____
Describe the distribution of symptoms (check one): localized random widespread
Are the symptoms limited to any particular microclimate? (check all that apply): wet dry compacted high traffic
 excess thatch shade full sun low areas high areas slopes cleanup passes other _____

Clinic Sample #: _____

Management Information

Please list **ALL** fertilizer, fungicide, herbicide, and insecticide applications made in last 30 days:

Date	Product	Rate (per 1000 sq ft)	Date	Product	Rate (per 1000 sq ft)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any cultural practices (other than mowing, irrigation, and fertilization) performed in last 30 days:

Date	Description	Rate, size, etc.	Date	Description	Rate, size, etc.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Clinic Use Only

#1 _____ #2 _____ #3 _____ #4 _____

Diagnosis: