

# UMass Extension Plant Diagnostic Lab: TURF FORM\*



Providing analysis, identification, and ecologically sound management strategies for diseases, insects, weeds, and nematodes found in landscapes, turf, nurseries, greenhouses, farms, and the urban forest.

UMass Extension Plant Diagnostic Lab - 160 Holdsworth Way, Holdsworth Natural Resources Center, University of Massachusetts - Amherst, MA 01003  
 Telephone: (413) 545-3208 - Fax: (413) 545-4385 - [www.umass.edu/agland/diagnostics](http://www.umass.edu/agland/diagnostics)

Send specimen to above address. Please include payment payable to *University of Massachusetts*

➔ **USE THIS FORM FOR:**  Turf Disease Analysis (\$75)  Turf Nematode Analysis (\$75)  Turfgrass/Weed ID (\$25)  Turf Insect ID (\$25)

Grass species: \_\_\_\_\_ Cultivar: \_\_\_\_\_ Date Sample Collected: \_\_\_\_\_

Year Established: \_\_\_\_\_ Origin:  Seeded  Sodded  Plugged  Unknown

Describe Symptoms: \_\_\_\_\_

When Did Symptoms Occur? \_\_\_\_\_ Were Symptoms Apparent in Previous Years? \_\_\_\_\_

List Fungicides Used, Rates, and Dates of Application: \_\_\_\_\_

List Nematicides Used Within the Current Year and Rates: \_\_\_\_\_

List Other Pesticides Used, Rates, and Dates of Application: \_\_\_\_\_

List Fertilizers Used, Rates, and Dates of Application: \_\_\_\_\_

Relevant Cultural Practices and Additional Info: \_\_\_\_\_

Circle all that apply:

Location	Site Condition	Soil	Drainage	Symptoms
Golf Course - (Green / Tee / Collar / Fairway / Rough)	Shade	Sandy	Excellent	Patches
Lawn	Part Shade	Clay	Good	Rings, Arcs
Athletic Field	Full Sun	Loam	Moderate	Leaf Spot/Blight
Utility/Industrial	Wet	Sand Green	Poor	Yellowing
Other _____	Droughty	pH _____		Wilt

Contact \_\_\_\_\_ Firm \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**THE FOLLOWING SECTIONS WILL BE COMPLETED BY DIAGNOSTIC LAB:**

<b>Laboratory</b>	<b>Nematodes per 100 cc:</b>			
	<i>Criconemella</i> (ring)	_____	<i>Meloidogyne</i> (root-knot)	♂: _____ j2: _____
	<i>Heterodera</i> (cyst)	♀: _____ j2: _____	<i>Pratylenchus</i> (lesion)	_____
	<i>Helicotylenchus</i> (spiral)	_____	<i>Tylenchorhynchus</i> (stunt)	_____
	<i>Hoplolaimus</i> (lance)	_____		_____
	<i>Longidorus</i> (needle)	_____		_____
<input type="checkbox"/> specimen insufficient for diagnosis		<input type="checkbox"/> no nematode problem detected		

Lab Number _____	Date Received _____	Date Answered _____	Payment _____
Condition of Specimen: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Insufficient	Specimen Code <input type="text"/>	Client Code <input type="text"/>	

Ver. 2005 GD

\* **NOTE** – tree and shrub samples and vegetable and floriculture samples require alternate submission forms. Visit [www.umass.edu/agland/diagnostics](http://www.umass.edu/agland/diagnostics) or call (413) 545-3208 for copies.

