Rhode Island Turf Disease Diagnostic Laboratory

DISEASE SAMPLE SUBMISSION FORM

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Organization:_____ Phone:_____ Fax:_____
Street:_____ Town : _____ State:____ Zip:_____
Contact Person:_____ ☐ *Bill To (if other)*: _____

Turf Species:_____ Variety:_____
Year Est. :____ ☐ Seed ☐ Sod ☐ Unknown
☐ Golf Course ☐ Sod Farm
Green: # ____ Tee: #____ Fairway: # ____
Height of Cut: ____ Soil pH: ____
Drainage: ☐ Good ☐ Average ☐ Poor
Sun: ☐ Full ☐ Part ☐ Shade

Describe Symptoms:_____
_____
_____
_____
_____ First Observed: ___/___/___
☐ Patches ☐ Rings-Frogeyes ☐ Wilt
☐ Yellowing ☐ Leaf Spot-Blight

List Application Dates and Rates:

Fertilizers (last three):	Fungicides (last three):	Plant Growth Regulators:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nematodes per 100 cc Soil:

Sample Number											
Tylenchorhynchus (Stunt)											
Hoplolaimus (Lance)											
Helicotylenchus (Spiral)											
Criconemella (Ring)											

Preliminary Disease Diagnosis: **Recommendations:**

Ship samples to:

Dr. Nathaniel Mitkowski
URI - Plant Sciences
9 East Alumni Ave, Suite 7
238 Woodward Hall
Kingston, RI 02881

Received: _____
Answered: _____

Do not send payment with samples, you will be invoiced after diagnosis is made.