



# Rhode Island Turf Disease Diagnostic Laboratory

## DISEASE SAMPLE SUBMISSION FORM

**DR. NATHANIEL MITKOWSKI: OFFICE & LAB (401) 874-5996 - CELL (401) 248-4376**

Organization: _____	Phone: _____	Fax: _____
Street: _____	Town: _____	State: _____ Zip: _____
Contact Person: _____	<input type="checkbox"/> <i>Bill To (if other):</i> _____	

Turf Species: _____ Variety: _____ Year Est. : _____ <input type="checkbox"/> Seed <input type="checkbox"/> Sod <input type="checkbox"/> Unknown <input type="checkbox"/> Golf Course <input type="checkbox"/> Sod Farm Green: # _____ Tee: # _____ Fairway: # _____ Height of Cut: _____ Soil pH: _____ Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Sun: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Shade	Describe Symptoms: _____ _____ _____ _____ _____ First Observed: ___/___/___ <input type="checkbox"/> Patches <input type="checkbox"/> Rings-Frogeyes <input type="checkbox"/> Wilt <input type="checkbox"/> Yellowing <input type="checkbox"/> Leaf Spot-Blight
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**List Application Dates and Rates:**

Fertilizers (last three): _____ _____ _____	Fungicides (last three): _____ _____ _____	Plant Growth Regulators: _____ _____ _____
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**Nematodes per 100 cc Soil:**

Sample Number																			
<i>Tylenchorhynchus</i> (Stunt)																			
<i>Hoplolaimus</i> (Lance)																			
<i>Helicotylenchus</i> (Spiral)																			
<i>Criconemella</i> (Ring)																			

**Preliminary Disease Diagnosis:**

**Recommendations:**

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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.*