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Rapid Turfgrass Sample Submission Form

Required Information (Samples lacking the required information will not be processed).

1. Client Information:

Last Name _____ First Name _____ Company (if Applicable) _____

Street Address _____ City _____ State /Zip Code _____ Parish _____
 Email: _____ Phone no. () _____

(Print clearly for faster response)

2. Turfgrass Information:

Turf Type _____ Turf Name _____ Turf Variety _____ Turf Acreage _____ Turf Age _____

3. Date Symptoms First Appeared: _____ **Date Sample Taken:** _____

4. Sample Information (Check all that apply)

Symptoms: Leaf Spot Blight Patch Ring Decline Other _____

Distribution: Localized Random Widespread Other _____

Location: Green Tee Fairway Lawn Other _____

Soil Type: Sandy Clay Loam Other _____

Soil Drainage: Good Intermediate Poor Other _____

Weather conditions: Very Wet Wet Average Dry Very Dry Other _____

Temperature: Hot Warm Moderate Cool Cold Other _____

Association with Terrain: No Association Low Areas Upland Areas Other _____

5. Chemicals (List all fungicides, insecticides, nematicides and herbicides applied within the last two months)

Name	Dose	Date

6. Fertilizer (List all fertilizers applied within the last two months)

Name	Amount	Date

7. Irrigation Practices

Type _____ Amount (inches) _____ Frequency _____

8. Mowing Practices:

Type _____ Height (inches) _____ Frequency _____

9. PAYMENT

\$75 (In-state sample) Routine Diagnosis \$100 (Out-of-state sample*) Routine Diagnosis Cash or Money Order
 Check (Make check payable to LSU AgCenter PDC)

For Diagnostic Center Use Only

Sample no.: _____ Date Sample Received: _____

Diagnosis: _____

Diagnosed By: _____

***Note: Out-of-state disease samples must include USDA APHIS permit for interstate movement of plant material.**

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