

# Rapid Turfgrass Disease Sample Submission Form



## Plant Disease Diagnostic Clinic

Plant Disease Diagnostic Clinic  
302 Life Sciences Bldg.  
LSU AgCenter  
Baton Rouge, LA 70803  
Tel: (225) 578 4562

### Client Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Company \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish \_\_\_\_\_  
( ) ( )  
E-mail \_\_\_\_\_ Tel: \_\_\_\_\_ Fax \_\_\_\_\_

### Turfgrass Information:

Turf Type \_\_\_\_\_ Turf Name \_\_\_\_\_ Turf Variety \_\_\_\_\_ Turf Acreage \_\_\_\_\_ Turf Age \_\_\_\_\_

### Sample Information (Check all that apply):

Date Symptoms first appeared: \_\_\_\_\_ Date Sample Taken: \_\_\_\_\_  
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 \_\_\_\_\_

### Chemicals (List all fungicides, insecticides, nematocides and herbicides applied within the last two months)

Name	Dose	Date

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

Name	Amount	Date

### Irrigation Practices

Type \_\_\_\_\_ Amount (inches) \_\_\_\_\_ Frequency \_\_\_\_\_

### Mowing Practices:

Type \_\_\_\_\_ Height (inches) \_\_\_\_\_ Frequency \_\_\_\_\_

#### PAYMENT

- \$ 75 (In-state sample)
- \$ 100 (Out-of-state sample\*)
- Cash
- Check (*Make check payable to LSU AgCenter PDDC*).

#### For Clinic Use Only

Payment: \_\_\_\_\_  
Date Sample Received: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Diagnosed By: \_\_\_\_\_

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