

Send sample(s) and completed form to:

WSU Plant Pest Diagnostic Clinic
 345 Johnson Hall, 100 Dairy Road (FedEx/UPS)
 PO Box 646430 (U.S. Mail)
 Pullman, WA 99164-6430

For Official Use Only

PC No.	Date Received	Fee
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Submitter/Company name	Daytime phone	County
Mailing address	City	State/Zip
E-mail address	Send results via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	
Client name	Daytime phone	County
Mailing address	City	State/Zip
E-mail Address	Send results via: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail	

*I agree to pay a minimum charge of \$40.00 for diagnostic services. Certain diagnostic tests may result in additional fees. For a full schedule of fees, please contact plant.clinic@wsu.edu or 509-335-3292. *Samples submitted without a signature will not be processed.*

Signature*	Submission date
Print Name	

Age of turf: <input type="checkbox"/> Established (>5–10 years) <input type="checkbox"/> Young (1–5 years) <input type="checkbox"/> New (<1 year) <input type="checkbox"/> Just planted/sodded	Variety of turfgrass: <input type="checkbox"/> Perennial ryegrass <input type="checkbox"/> Kentucky bluegrass <input type="checkbox"/> Fine fescue <input type="checkbox"/> Mixture: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know	Source: <input type="checkbox"/> Seed <input type="checkbox"/> Sod <input type="checkbox"/> Don't know
Irrigation system: <input type="checkbox"/> Automatic <input type="checkbox"/> Hose and sprinkler <input type="checkbox"/> Other: _____	Frequency of watering: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____	Watering cycle: <input type="checkbox"/> 10–15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> Other: _____ No. of cycles per irrigation: _____ Time of day: _____
Mowing frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly/Monthly <input type="checkbox"/> As needed <input type="checkbox"/> Returning/Mulching clippings	Height of cut: <input type="checkbox"/> >2½ inches <input type="checkbox"/> 2½ inches <input type="checkbox"/> <1½ inches <input type="checkbox"/> ¾ inches <input type="checkbox"/> Other: _____	Soil type: <input type="checkbox"/> Sandy <input type="checkbox"/> Loamy <input type="checkbox"/> Clay Soil pH: _____
Fertilizer type: <input type="checkbox"/> Quick release <input type="checkbox"/> Slow release <input type="checkbox"/> Liquid <input type="checkbox"/> Granular <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know N-P-K ratio: _____	Frequency of fertilization: <input type="checkbox"/> 4× annually <input type="checkbox"/> 3× annually <input type="checkbox"/> 2× annually <input type="checkbox"/> 1× annually <input type="checkbox"/> Other: _____	Amount of fertilizer applied: <input type="checkbox"/> 1 lb./1000 ft ² <input type="checkbox"/> Other: _____

*If available, soil test results may be emailed to plant.clinic@wsu.edu



Herbicides, fungicides, insecticides, and other chemicals applied: (List name, date, rate, and reason for application.)

When did you last remove thatch from your turf?

☐ Never ☐ Last spring ☐ Last fall ☐ This spring ☐ This fall

What method of thatch removal do you use?

☐ Power rake ☐ Mower attachment ☐ Hand rake
☐ Other: _____

How often do you de-thatch your turf? How many passes?

☐ Once a year ☐ Every other year ☐ Other: _____ (_____ passes)

Has your turf ever been aerated?

☐ No ☐ Yes, this year ☐ Yes, last year ☐ Yes, other: _____

Have you used wetting agents on your turf?

☐ Yes ☐ No

When did you first notice this problem?

Have you ever had this problem before? When?

☐ Yes ☐ No

Please describe the problem (photos may be e-mailed to plant.clinic@wsu.edu):

The affected area is: (Mark all that apply.)

☐ Circular spots ☐ Thinning ☐ Streaks or rectangular areas ☐ Spots/area 1–2 ft. diameter
☐ Irregular spots ☐ Turning yellow ☐ White powdery coating ☐ Spots/area 2–3 ft. diameter
☐ Rings (green in center) ☐ Brown/dead/dry ☐ Rusty powder on grass ☐ Large areas affected
☐ Weeds ☐ Grassy weeds

Where is the problem area?

☐ Full sun ☐ Just front lawn ☐ All over ☐ Next to driveway, sidewalk, or path
☐ Full shade ☐ Just back lawn ☐ On a flat area ☐ Other: _____

Describe how it first appeared and how it is now.

☐ Started as one spot and then spread ☐ Gradually appeared all over ☐ Suddenly appeared all over
☐ Spreading quickly ☐ Other: _____

