



Send sample(s) and completed form to:

WSU Puyallup Research & Extension Center
 Plant & Insect Diagnostic Lab
 2606 West Pioneer
 Puyallup, WA 98371-4998

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 puy.plantdiagnostic@wsu.edu or 253-445-4582. *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 puy.plantdiagnostic@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 puy.plantdiagnostic@wsu.edu):

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

<input type="checkbox"/> Circular spots	<input type="checkbox"/> Thinning	<input type="checkbox"/> Streaks or rectangular areas	<input type="checkbox"/> Spots/area 1–2 ft. diameter
<input type="checkbox"/> Irregular spots	<input type="checkbox"/> Turning yellow	<input type="checkbox"/> White powdery coating	<input type="checkbox"/> Spots/area 2–3 ft. diameter
<input type="checkbox"/> Rings (green in center)	<input type="checkbox"/> Brown/dead/dry	<input type="checkbox"/> Rusty powder on grass	<input type="checkbox"/> Large areas affected
<input type="checkbox"/> Weeds	<input type="checkbox"/> 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: _____

