

**GUIDELINES FOR SUBMISSION OF TURFGRASS SAMPLES**

1. To diagnose turfgrass problems, we need **at least a 6" x 6" piece of the turf**, including the root system and soil. If using a golf course cup cutter, please send at least 2 plugs.
2. Collect samples from the border between healthy and diseased turf, so that 2/3 of the sample is diseased and 1/3 is healthy.
3. Wrap the soil and roots in aluminum foil to keep the soil from shaking loose during transit.
4. **DO NOT store or transport the samples in plastic bags.** Instead, place the samples in a cardboard box, and stuff it with newspaper or other packing material to hold the samples in place.
5. Please fill out the sample submission form **completely and legibly**. Describe the symptoms you are observing as accurately as possible. All of the information requested on the form is needed to make an accurate diagnosis.
6. **List all fertilizer, fungicide, herbicide, and insecticide applications made in the last 30 days.** Also, list any major cultural practices (aerification, topdressing, etc.) conducted in the last 30 days. These practices have a major impact on disease and insect development, and provide valuable clues that will help us make an accurate diagnosis.
7. **We now accept digital images along with physical samples.** Pictures of the symptoms from a distance of 6 feet or more are very useful for diagnosis of disease and insect problems. Close-up pictures, from a distance of less than 2 feet, are usually not helpful. Please send images via email to [lee\\_butler@ncsu.edu](mailto:lee_butler@ncsu.edu).
8. Send the sample and submission form to the Plant Disease and Insect Clinic by overnight mail or state courier using the following address:

**Address for US mail, UPS and FedEx:**

Plant Disease and Insect Clinic  
Campus Box 7211  
1227 Gardner Hall  
100 Derieux Place  
North Carolina State University  
Raleigh, NC 27695-721

**State Courier Address**

Plant Disease and Insect Clinic  
Campus Box 7211 NCSU  
Raleigh, NC  
STATE COURIER: 53-61-21

**Fee Structure:**

\$100.00: All out-of-state samples  
\$ 50.00: All in-state golf turf samples  
\$ 30.00: All other in-state samples  
\$ 20.00: In-state samples submitted by  
Coop. Ext. Service, NCSU, NCDA  
personnel and non-profit agencies  
(Golf turf excluded)

**\*Make checks payable to NCSU**

# TURFGRASS Sample Submission Form

NC State Turf Diagnostics Lab



**PAYMENT:** enclosed \$ \_\_\_\_\_ **or** Bill to: Client  Consultant  County/NCDA

<b>Office Use Only:</b>			
Clinic # _____	Date Rec'd _____ / _____ / _____		
Cash _____	Check# _____	Amt. _____	No Charge _____
Email _____	Paper Mail _____	FAX _____	Other _____

**North Carolina State University  
Plant Disease and Insect Clinic**  
Campus Box 7211  
1227 Gardner Hall, 100 Derieux Place  
Raleigh, NC 27695-7211

CES Agent/NCDA Spec. \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

## ***Client Information (Grower/Homeowner)***

\_\_\_\_\_  
Last Name First Name Company

\_\_\_\_\_  
Address City State Zip County

E-mail: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

## ***Other Info (Consultant, Landscaper, etc.)***

\_\_\_\_\_  
Last Name First Name Company

\_\_\_\_\_  
Address City State Zip County

E-mail: \_\_\_\_\_ Ph: (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

## ***Site Information***

Turf Species \_\_\_\_\_ Variety \_\_\_\_\_ Month/Year Established \_\_\_\_\_ / \_\_\_\_\_

Establishment Method:  seed  sprigs  sod If seed, indicate rate (lbs per 1000 sq ft) \_\_\_\_\_

If sod, purchased from where? \_\_\_\_\_

Use (check one):  green  tee  fairway  rough  home lawn  commercial landscape  sod production  
 other (please explain) \_\_\_\_\_

Mowing Type (check one):  rotary  reel  flail Height (inches) \_\_\_\_\_ Frequency (per week) \_\_\_\_\_

Irrigation frequency (times per week) \_\_\_\_\_ Amount (inches) \_\_\_\_\_ Time of day \_\_\_\_\_

## ***Problem Information***

Information Needed:  Disease ID  Insect ID  Plant ID Control Information:  Commercial  Non-commercial

When did symptoms appear? \_\_\_\_\_ When was sample collected? \_\_\_\_\_

Describe the symptoms (check all that apply):  dieback  leaf spots  greasy/water-soaked  matted  thin  
 chlorotic/yellow  wilted  stunted  other (please explain) \_\_\_\_\_

Describe the pattern of symptoms (check all that apply):  spots  circles  patches  rings  irregular  uniform  strips  
 other (please explain) \_\_\_\_\_

Describe the distribution of symptoms (check one):  localized  random  widespread

Are the symptoms limited to any particular microclimate? (check all that apply):  wet  dry  compacted  high traffic  
 excess thatch  shade  full sun  low areas  high areas  slopes  cleanup passes  other \_\_\_\_\_

Clinic Sample #: \_\_\_\_\_

**Management Information**

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Please list ALL fertilizer, fungicide, herbicide, and insecticide applications made in last 30 days:

Date	Product	Rate (per 1000 sq ft)	Date	Product	Rate (per 1000 sq ft)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any cultural practices (other than mowing, irrigation, and fertilization) performed in last 30 days:

Date	Description	Rate, size, etc.	Date	Description	Rate, size, etc.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Clinic Use Only**

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#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

**Diagnosis:**