



Send sample(s) and completed form to:

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

For Official Use Only

PC No.	Date Received	Fee
--------	---------------	-----

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?			
<input type="checkbox"/> Never	<input type="checkbox"/> Last spring	<input type="checkbox"/> Last fall	<input type="checkbox"/> This spring <input type="checkbox"/> This fall
What method of thatch removal do you use?			
<input type="checkbox"/> Power rake	<input type="checkbox"/> Mower attachment	<input type="checkbox"/> Hand rake	
<input type="checkbox"/> Other: _____			
How often do you de-thatch your turf? How many passes?			
<input type="checkbox"/> Once a year	<input type="checkbox"/> Every other year	<input type="checkbox"/> Other: _____ (_____ passes)	
Has your turf ever been aerated?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, this year	<input type="checkbox"/> Yes, last year	<input type="checkbox"/> Yes, other: _____
Have you used wetting agents on your turf?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
When did you first notice this problem?			
Have you ever had this problem before? When?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please describe the problem (photos may be e-mailed to plant.clinic@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?			
<input type="checkbox"/> Full sun	<input type="checkbox"/> Just front lawn	<input type="checkbox"/> All over	<input type="checkbox"/> Next to driveway, sidewalk, or path
<input type="checkbox"/> Full shade	<input type="checkbox"/> Just back lawn	<input type="checkbox"/> On a flat area	<input type="checkbox"/> Other: _____
Describe how it first appeared and how it is now.			
<input type="checkbox"/> Started as one spot and then spread	<input type="checkbox"/> Gradually appeared all over	<input type="checkbox"/> Suddenly appeared all over	
<input type="checkbox"/> Spreading quickly	<input type="checkbox"/> Other: _____		

