

# Turfgrass Diagnostic Lab Homeowner Turfgrass Sample Submission Form

## HOMEOWNER TURF SUBMISSION FEE \$20.00

### County Extension Info:

County: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### Client Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Send invoice to:       County Extension Office       Client

Sent results to:       County Extension Office       Client and cc county Extension Office

What do you want the sample evaluated for? \_\_\_\_ Disease    \_\_\_\_ Insects    \_\_\_\_ Weed ID    \_\_\_\_ Uncertain

The lawn is \_\_\_\_ years old. Established from seed \_\_\_\_ or sod \_\_\_\_?

When was the problem first noticed?

How much of the lawn is affected? \_\_\_\_ One or few patches    \_\_\_\_ Most of the lawn

What are the size, shape, and color of the affected turf? (pictures or drawings are very helpful) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the lawn last fertilized? \_\_\_\_/\_\_\_\_/\_\_\_\_ Fertilizer formulation \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How many times a year is the lawn fertilized? \_\_\_\_\_

Have there been any pesticides applied recently? \_\_\_\_\_ If yes, what?

Is the lawn irrigated:    No \_\_\_\_    By garden hose \_\_\_\_    In ground system \_\_\_\_

What time of day is the lawn irrigated?

Amount of daily sunshine for the area where the sample was collected is:  
\_\_\_\_ Sunshine more than 60 % of the day    \_\_\_\_ Shade more than 40% of the day

The sample should be approximately six inches across with three inches of soil. It is important that the sample includes both affected and healthy turf, so collect at the outer margin of the affected area. If the sample is mail or parcel service, wrap it in tinfoil (**not in plastic**).

For further inquiries please contact lab manager Kurt Hockemeyer at [hockemeyer@wisc.edu](mailto:hockemeyer@wisc.edu) or 608-845-2535.



**Turfgrass Diagnostic Lab**  
2502 Highway M  
Verona, WI 53593  
608-845-2535  
[www.tdl.wisc.edu](http://www.tdl.wisc.edu)

