**Instructions: Fill out as much of the form as possible, ensuring you keep a copy for your records, and submit the original with the sample. Please email (turfpestlab@psu.edu) or call (814-863-0818) us to let us know you are sending a sample.**

**DATE SAMPLE WAS COLLECTED**      / /

**Attach Business Card or Fill in Below**

|  |  |  |
| --- | --- | --- |
| Client Information | | Sample Submitter or bill to |
| Name |  |  |
| Company |  |  |
| Address |  |  |
| City/zip |  | **Email/Mail/Fax to:** Submitter  Grower |
| County |  | (    ) |
| Phone No. | (    ) | (    ) |
| Email | (    ) |  |

|  |  |
| --- | --- |
| Grass Species, Cultivar, Planting Type |  |
| Green or Field Number, Identifier |  |

**Check/Fill-in all that apply**

|  |
| --- |
| Field symptoms include: Leaf lesions  Blight  Patch  Ring  General decline |
| Field symptoms are: 12" or less  Larger than 1 ft  Mild and scattered  Severe and widespread |
| Symptom development: Suddenly  Within the last week  Over several weeks |
| Additional symptom info: |
|  |
|  |

|  |  |
| --- | --- |
| **Turf maintenance** | |
| **Height cut:** | Irrigation water quality/reliability: |
| **Growth regulator(s) & frequency:** | Recent fertilization date: |
| **List or provide a copy of all pesticide applications for the past month (product and rate)**:  ­­­­­­­­­­­­­­­­­­­­­­­­­ | |
| **Additional information that may be helpful:** | |
|  | |
|  | |

**I would like: diagnostic confirmation  Fungicide recommendation  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**==================================================================================================**

|  |
| --- |
| **CREDIT CARD PAYMENT INFORMATION *(This portion of the form will be shredded; we do not keep it on file)*** |

**Credit card number:**        Expiration date: (mm/yyyy)

3 – digit security code:        Name as it appears on card:

|  |
| --- |
| **Invoice me**:  Billing address: |

**GENERAL SAMPLE SUBMISSION GUIDELINES**

1. Submit a cup-cutter or similarly sized plug (~4” diameter and 2 – 3” deep) with both symptomatic and healthy plant material.
2. Samples should be wrapped tightly in aluminum foil and packed tightly in a box (Do not put samples in plastic or ziplock bag).
3. Samples should be hand-delivered or shipped overnight to arrive Monday – Thursday. Samples generally require overnight incubation so please call if you would like to ship a sample that will arrive on a Friday.
4. **A completed Diagnostic Form** should be submitted with each sample. Forms available at<https://turf.psu.edu/pest-lab> or can be requested at [TurfPestLab@psu.edu](mailto:TurfPestLab@psu.edu).
5. For additional information or services, please contact us by phone or email listed above.

The Turfgrass Pest Diagnostic Lab’s role is to determine whether the symptomatic plants are caused by biotic factors (such as fungus, bacterium, virus, insect, invasive weed) and/or abiotic factors (such as water stress, drought, heat stress, and mechanical stress). The Turf Pest Diagnostic Lab is open from **8:00 AM – 5:00 PM Monday – Friday** (except for Federal/State/University holidays) and is located on the University Park Campus at Penn State.

**Ship samples to:**

[**Turfgrass Pest Diagnostic Lab**](https://turf.psu.edu/pest-lab)

Penn State University

11 Tyson Building

University Park, PA 16802

Email: [TurfPestLab@psu.edu](mailto:TurfPestLab@psu.edu)

Phone: (814) 863-0918

<https://turf.psu.edu/pest-lab>