



Turf Disease Diagnostic Form

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Bozeman, MT 59717

Date _____

Client Name _____ Email _____

Address _____ Phone _____

City/State _____ Zip _____

Type of grass _____

Was the grass seeded or sodded? _____ When? _____

Approximate date problem first appeared _____

Describe the location/environment: _____

Describe the pattern of disease problem in the turf: _____

Irrigation used Please check: Yes or No

Type of system _____

Frequency _____

Amount _____

County Extension Office only

Agent _____ County _____

Please see back

Pesticides used Please check: Yes or No

(give name and rate if possible) fungicide _____
insecticide _____
herbicide _____

Fertilizer used Please check: Yes or No

(give name and rate if possible) fertilizer _____

Please list other cultural practices used (aeration, dethatching, etc.) _____

Did the problem show up all at once? Yes No

Is the problem getting worse? Yes No

Check symptoms on the turf (check as many as apply):

- Leaf Spot
- Bleached
- Yellowing
- Frog eye/Dead areas
- Patches/Rings/Arcs
- Poor growth
- Other _____

Terrain associated with problem (check as many as apply):

- Low area
- Level
- Irregular
- High area
- Sloped
- Other _____

Soil Type:

- Clay
- Fill
- Sandy

Aspect of the site where sample was collected:

- East
- West
- North
- South
- Unknown