



**Turfgrass Diagnostic Lab**  
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### Commercial Sample Submission Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TDL Contract Holder \_\_ Yes \_\_ No\*

Submitter's Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

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

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

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

**Office Use Only**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Response Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By: P / F / M / E

**Type of Sample:** ☐ Disease ☐ Insect ☐ Weed ☐ Uncertain

Plant Information	Symptom Information	Site Information
Turf Type: _____	Type of Damage: _____	Exposure: _____
Location: <input type="checkbox"/> Lawn	<input type="checkbox"/> Rings	<input type="checkbox"/> Full Sun
<input type="checkbox"/> Sod Field	<input type="checkbox"/> Patches	<input type="checkbox"/> Part-Shade
<input type="checkbox"/> Green	<input type="checkbox"/> Spots	<input type="checkbox"/> Full Shade
<input type="checkbox"/> Tee	<input type="checkbox"/> Streaks	<input type="checkbox"/> Windy
<input type="checkbox"/> Fairway	<input type="checkbox"/> Irregular	<input type="checkbox"/> Protected
Height of Cut: _____	Damage Size: _____	Soil Type: _____
Approx. Age of Stand: _____	<input type="checkbox"/> Small (under 2")	<input type="checkbox"/> Sandy
Establishment Method:	<input type="checkbox"/> Medium (2" to 12")	<input type="checkbox"/> Loam
<input type="checkbox"/> Seed <input type="checkbox"/> Sod	<input type="checkbox"/> Large (over 12")	<input type="checkbox"/> Silt
	Frequency: _____	<input type="checkbox"/> Clay
	<input type="checkbox"/> Entire Area <input type="checkbox"/> Isolated	<input type="checkbox"/> Muck
	<input type="checkbox"/> Moderate	Drainage: _____
		<input type="checkbox"/> Good <input type="checkbox"/> Poor
		<input type="checkbox"/> Fair

### Chemical and Fertilizer Applications

List any recent pesticide applications (please include the date and rate of the pesticide application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Problem Description

Include symptoms, plant parts affected, pattern of occurrence, etc. (Attach additional sheet if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pictures of the affected area can aid in accurate sample diagnosis, and may be mailed along with sample or emailed to lab manager Kurt Hockemeyer at [hockemeyer@wisc.edu](mailto:hockemeyer@wisc.edu)

**Payment:** Check or money order payable to the Turfgrass Diagnostic Lab may be included with sample or an invoice requested. Submission Fees are \$100.00 for diagnosis without written report and \$150.00 for diagnosis and written report.

**Sample Submission:** Samples should be collected at the interface of affected and unaffected turfgrass. Samples should be approximately 6" in diameter (cup cutter size) and taken deep enough to include the plant's root mass. Samples should be wrapped in aluminum foil and shipped immediately to avoid contamination and decay. Keep this form separate from sample to prevent it from getting wet. If you have any questions about the sample submission process please contact the lab.