



# Plant Disease and Insect Diagnostic Lab Form for Golf Courses

<http://entopl.okstate.edu/PDDL/turf.pdf>

Shipping address:

Plant Disease and Insect Diagnostic Lab, 127 NRC, Stillwater, OK 74078  
(405) 744-9961



Golf Course: \_\_\_\_\_ Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

e-mail: \_\_\_\_\_ @ \_\_\_\_\_ Date received: \_\_\_\_\_ Sample #: \_\_\_\_\_

## Plant Sample

Please check this box if a nematode assay(s) is requested. You do not need to complete remainder of form.

- Bentgrass – Green # \_\_\_\_\_
- Zoysia
- Fescue
- Cultivar \_\_\_\_\_
- Bermuda – Fairway # \_\_\_\_\_
- Rye (over seeded)
- Age \_\_\_\_\_

## History (10 – 30 days)

Nitrogen	Date of Application	Fertilizer	Rate	Plus Pesticide
<input type="checkbox"/> Foliar	_____	N__ P__ K__	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Granular	_____	N__ P__ K__	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Organic	_____	N__ P__ K__	_____	<input type="checkbox"/> _____
	_____	N__ P__ K__	_____	<input type="checkbox"/> _____

Pesticides	Date of Application	Type*	Name	Rate
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

\* F=fungicide, I=insecticide, N=nematicide

Water Schedule	Other Chemicals	Agent	Date of Application
<input type="checkbox"/> Daily	(growth regulator or Pre-emergent)	_____	_____
<input type="checkbox"/> As needed		_____	_____
<input type="checkbox"/> Every _____ days		_____	_____
<input type="checkbox"/> W/ syringe		_____	_____

## Symptoms

- Pattern**
- Round Size \_\_\_\_\_
  - Streak
  - Irregular
  - Spots

- Color**
- Green -> Yellow -> Brown
  - Green -> Brown

## Development

- Rapid decline
  - Slow decline
  - Water soaked
  - Greasy
  - Other \_\_\_\_\_
- Symptoms first appeared on: \_\_\_\_\_
- Are affected areas:  
Spreading to healthy areas? ( Y / N )  
Increasing in size? ( Y / N )

## Illustration Area

Please use this area to illustrate the green/fairway layout. Include shapes and sizes of areas suspected of having disease.

EXAMPLE

