Utah County Cooperative Extension Service
100 East Center Street, Room L600
Provo, UT 84606 Phone: 801-851-8460

LAWNS

Diagnostic Lab Form
$1.00 paid _____

1. **Date** _____

2. **For:** Commercial _____ Homeowner _____

3. **Name** _____

4. **Mailing Address:**

_____

City _____

State _____ Zip Code _____

5. **Phone Number**: home_____

work_____

email
_____

6. **Turf name** (common or scientific name)

_____

7. **Where is the turf located?** (Circle)

Front yard Back yard
Orchard
Other _____

8. **Miscellaneous Information:**

Age of the turf _____

Is the problem getting worse? _____

When was problem first observed? _____

9. **How much sun exposure?**

☐ 1/4 day ☐ 1/2 day ☐ all day

10. **What is the soil drainage like?** (Circle)

Good Fair Poor

11. **Watering:**

How often do you water? (Please circle all that apply) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How long do you water? ____ hrs. ____ minutes

What time of day do you water? _____

Describe irrigation system (Circle)

Sprinkler Soaker By hand
Stationary Drip Flood irrigate

12. **Plant part(s) affected** (Circle)

Stems Roots
Other _____

13. **Symptoms** (Circle)

Yellowing Marginal Burn
Streaks Lawn Detached from Roots
Other: _____

14. **Pesticides and fertilizers**

VERY IMPORTANT

Name of product

_____

Rate and date applied

_____

15. **Describe initial symptoms and progression of symptoms**.

Revised 09/30/08 (ma)

For Office Use Only:

Diagnostician: _____

Diagnostic Date: _____

Identification:

Control:

Comments:

Date Replied: _____

Person Contacted: _____

_____ Phone _____ Mail _____ In Person

_____ Sent to Logan

Name of person who contacted them: _____