

**Cornell University**  
**Cooperative Extension**  
**Rockland County**

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**Lawn Diagnosis \$7.00**

The quality of your specimen is critical for receiving an accurate diagnosis. Please submit a sample that includes a progression of the problem as indicated on the back (page 2) of this form.

**Please Print**

Date Collected \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

<b>Office Use</b>
Date Received _____
Date Finished _____
Called _____
Sent F.S. <input type="checkbox"/>

Grass Variety/Mix \_\_\_\_\_ Seed Sod **Date Problem Noticed** \_\_\_\_\_  
**Onset of Symptoms:** Overnight \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months or more \_\_\_\_\_

<b>Site Conditions:</b>	<input type="checkbox"/> Front Yard	<input type="checkbox"/> Near Street	Other _____	_____
<b>Location of Sample</b>	<input type="checkbox"/> Back or Side	<input type="checkbox"/> Berm		Feet away from Street, Drive, Walk or Pool _____
<b>Exposure</b>	<input type="checkbox"/> Sunny (6+ hrs)	<input type="checkbox"/> Partial Shade	<input type="checkbox"/> Full Shade	_____ Hrs. Sunlight
<b>Site Faces</b>	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
<b>Terrain</b>	<input type="checkbox"/> Low or Wet	<input type="checkbox"/> High or Dry	<input type="checkbox"/> Flat	<input type="checkbox"/> Sloped
<b>Soil Type</b>	<input type="checkbox"/> Clay	<input type="checkbox"/> Loam	<input type="checkbox"/> Sand	Other _____
<b>Drainage</b>	<input type="checkbox"/> Slow (standing water more than one day)	<input type="checkbox"/> Medium (no standing water, but soil stays moist)	<input type="checkbox"/> Fast (runs off quickly)	<input type="checkbox"/> Heavy Compaction Aeration? When? _____
<b>Watering Frequency</b>	<input type="checkbox"/> <Once weekly	<b>Delivery Method</b> Duration _____	<input type="checkbox"/> Hose/Sprinkler	<b>Mowing Frequency</b> _____
<input type="checkbox"/> Occasional/Rarely	<input type="checkbox"/> Once weekly		<input type="checkbox"/> Drip	
<input type="checkbox"/> Never	<input type="checkbox"/> > Once weekly		<input type="checkbox"/> Auto Irrigation	
<b>Mowing Height</b>	<input type="checkbox"/> 2" or less	<input type="checkbox"/> 2 to 4"	<input type="checkbox"/> More than 4"	Other _____
<b>Chemical Treatment</b>	<input type="checkbox"/> None	<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Fungicide	What/When Applied _____
		<input type="checkbox"/> Insecticide	<input type="checkbox"/> Herbicide	
<b>Lime</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	When Applied? _____		pH _____	

<b>Pattern of Problem</b>	<input type="checkbox"/> Large Patches (>18")	<input type="checkbox"/> Random/Diffuse	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Small Patches (<18")	<input type="checkbox"/> Entire Lawn	
<b>Symptoms</b>	<input type="checkbox"/> Leaf Spots	<input type="checkbox"/> Yellowing	<input type="checkbox"/> Gray Patches
	<input type="checkbox"/> Whole Blade	<input type="checkbox"/> Orange Patches	<input type="checkbox"/> Brown Patches
	<input type="checkbox"/> Entire Plants	<input type="checkbox"/> Pink Patches	<input type="checkbox"/> White Patches
			Other _____

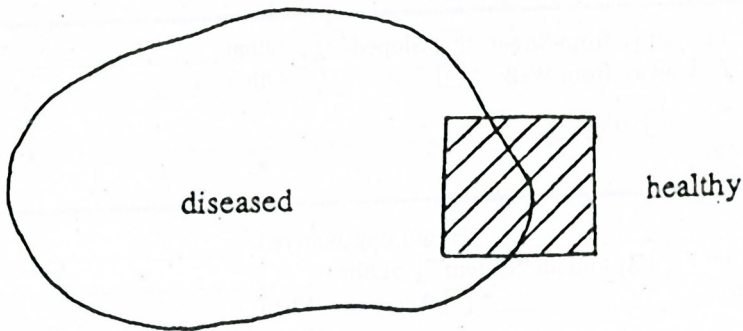
**Office Use Only:**

# Submitting a Lawn Sample

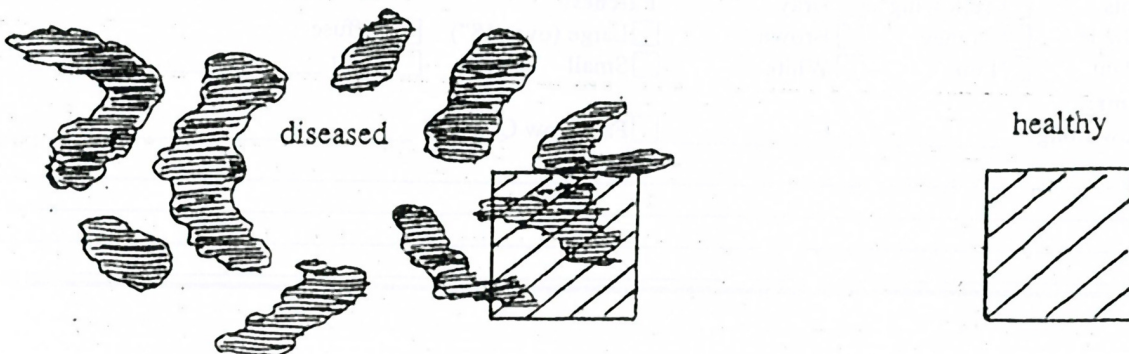
It is very important that an adequate sample be submitted if we are to correctly identify your problem and recommend appropriate management techniques.

First, identify the pattern of your problem. Is the affected portion confined to a few **patches**, or is it spread out in a **diffuse** pattern across your lawn? Follow instructions below based upon the pattern you see.

1. **Patch diseases** - Take a **one square foot sample** from the border of the patch and healthy lawn as show below.



2. **Diffuse (scattered) diseases** – Take a **one square foot sample** of the lawn from the diseased area and a **one square foot sample** of lawn from a healthy spot as shown below.



Wrap your sample in newspaper and pack it in sturdy box or tray.