

Cornell University
Cooperative Extension
Rockland County

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Lawn Diagnosis \$15.00

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 _____ Email _____

Office Use
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 _____

Site Conditions:	<input type="checkbox"/> Front Yard	<input type="checkbox"/> Near Street	Other _____	_____
Location of Sample	<input type="checkbox"/> Back or Side	<input type="checkbox"/> Berm		Feet away from Street, Drive, Walk or Pool _____
Exposure	<input type="checkbox"/> Sunny (6+ hrs)	<input type="checkbox"/> Partial Shade	<input type="checkbox"/> Full Shade	_____ Hrs. Sunlight
Site Faces	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
Terrain	<input type="checkbox"/> Low or Wet	<input type="checkbox"/> High or Dry	<input type="checkbox"/> Flat	<input type="checkbox"/> Sloped
Soil Type	<input type="checkbox"/> Clay	<input type="checkbox"/> Loam	<input type="checkbox"/> Sand	Other _____
Drainage	<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? _____
Watering Frequency	<input type="checkbox"/> <Once weekly	Delivery Method Duration _____	<input type="checkbox"/> Hose/Sprinkler	Mowing Frequency _____
<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	
Mowing Height	<input type="checkbox"/> 2" or less	<input type="checkbox"/> 2 to 4"	<input type="checkbox"/> More than 4"	Other _____
Chemical Treatment	<input type="checkbox"/> None	<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Fungicide	What/When Applied _____
		<input type="checkbox"/> Insecticide	<input type="checkbox"/> Herbicide	
Lime <input type="checkbox"/> Yes <input type="checkbox"/> No	When Applied? _____		pH _____	

Pattern of Problem	<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	
Symptoms	<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 _____

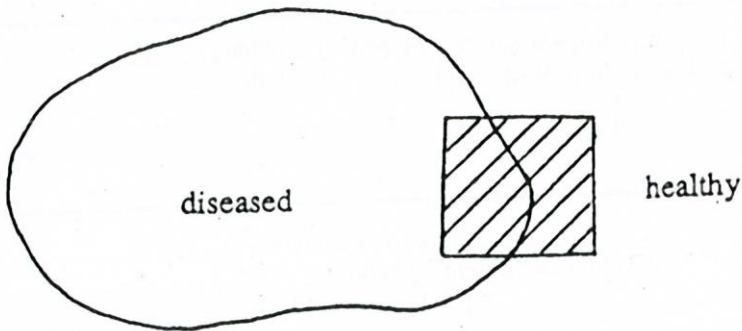
Office Use Only:

Submitting a Lawn Sample

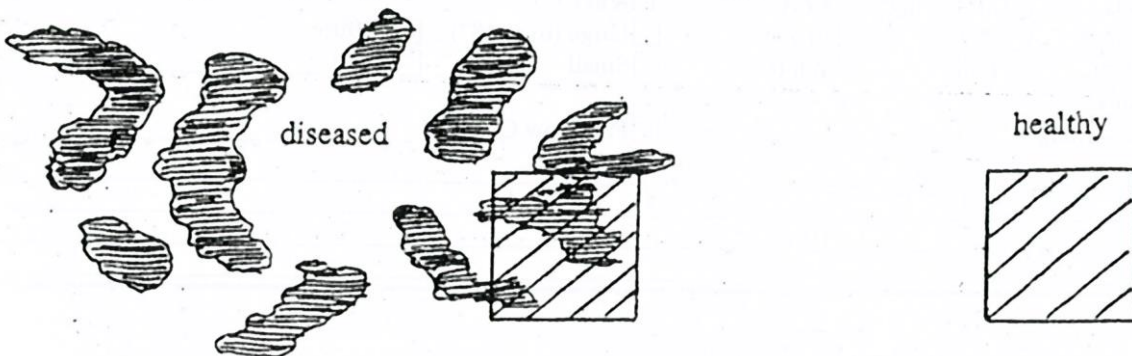
It is very important that an adequate sample be submitted if we are to correctly identify your problem and recommend appropriate management techniques.

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.