



The procedures outlined below are for submission of turfgrass disease and pest samples from golf courses, athletic fields or other commercial turfgrass sites.

1. Always call (860-486-6328) PRIOR TO SENDING samples. The diagnostic center relies on the expertise of a limited number of trained individuals. In the event that these individuals will be out of the office for an extended period of time, samples will not be processed. A message will be updated daily which states whether the diagnostician will be available to receive samples.
2. Samples should be collected using a cup cutter (4" diameter). Plugs should be taken from the active edge of a diseased area and should contain approximately 50% healthy and 50% symptomatic turf. The sample should contain no more than a 2" depth of soil.
3. The diagnostic form should be completed in full to ensure that we have all of the available information necessary to make an accurate and rapid diagnosis. We have made the submission process easier by providing a submission sheet that can be filled out on your computer and submitted directly via email. You can also save a copy of the file with all of your contact information for easy submission of future samples.
4. Soil should be WRAPPED in a moist paper towel and then in aluminum foil to ensure that the soil does not mix with the foliage. Properly wrapped samples should be packed tightly in a sturdy box and sealed tight to prevent loss of soil.
5. Send NEXT DAY Delivery or HAND Deliver. Samples taking more than one day to arrive will likely be beyond the point of an accurate diagnosis. Samples arriving in poor condition will not be processed and the submitter will be asked to send a fresh sample. Samples should be sent to ARRIVE ON MONDAY through THURSDAY to ensure proper time for incubation. Walk-ins are welcome, but always call first. [Click here](#) for directions.
6. Additional Information:



Turfgrass Disease Diagnostic Center

@ The H&G Center
1380 Storrs Road, Unit-4115
Storrs, Connecticut 06269
(860) 486-6328

ALWAYS CALL BEFORE SENDING

Two plugs exhibiting the same symptoms will be considered a single sample for submission and billing purposes.
Please submit a separate diagnostic form for each sample that you would like to be diagnosed separately.

SUBMITTED BY:

Last Name First Name Company

Address City State Zip code County

E-mail Phone FAX

Please send me email updates form the UConn Turfgrass Program including seasonal disease updates.

Preferred report and billing method: E-Mail FAX Hardcopy

BILL TO (leave blank if same):

Last Name First Name Company

Address City State Zip code County

E-mail Phone FAX

SITE INFORMATION:

Turf Species: _____ Variety: _____ Established (Month/Year): _____

Turf Use (check one): Green Fairway Tee Rough Sod Production Other _____

Mowing (check one): Rotary Reel Height (inches) _____ Frequency (per week) _____

When did symptoms appear? _____

DESCRIBE SYMPTOMS: (Send photos of symptoms to john.inguagiato@uconn.edu)

LIST RECENT PESTICIDE APPLICATIONS:

Official Use Only:	
Sample #:	_____
Rec'd:	___/___/___
Complete:	___/___/___
Billed:	___/___/___
Total:	\$ _____
<input type="radio"/> E-mail	<input type="radio"/> FAX
<input type="radio"/> Paper Mail	