



Diagnostic Submission Form

OFFICE USE ONLY

Service summary: _____ Sample ID: _____

Total charges: _____ Receipt #: _____

Please fillout this fillable PDF form, print, and send it to ATRF

CLIENT INFORMATION

Primary Contact: _____ Alternative Contact: _____

Email: _____ Phone/Cell: _____

Business Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

- Service option:** Disease Diagnosis via e-mail / telephone within 24hrs
 Digital report within five (5) business days

Payment information:

- Payment will be processed once sample has been processed. Information will not be kept on file.
- Enclose a cheque with your sample, payable to: Alberta Turfgrass Research Foundation
(see address below)

IMPORTANT: Please fill in all contact information and background details for sample. This will help ensure a quick and accurate diagnosis. Send via courier to ensure next day arrival.

Send Sample to:

Alberta Turfgrass Research Foundation
c/o Mark Anderson
4500 – 50 Street Olds AB T4H 1R6

Drop off:

Contact Receiving
to arrange a drop off date/time
(same address)
403-556-8312

SAMPLE INFORMATION SHEET

Date symptoms first appeared*: _____ **Date sample taken*:** _____

Weather conditions at onset of symptoms (Temperature, rainfall, other)*:

Species (if known): _____ Cultivar/Variety (if known): _____

Check the following as they pertain to your problem (information with asterisk will likely lead to a faster diagnosis)

LOCATION*	ORIGIN/AGE*	PATTERN OF DAMAGE	DEGREE OF INJURY	SOIL CONDITIONS
Green #	Sod	General	Light	pH* Thatch levels: Low _____ Moderate _____ High _____ Root zone material _____
Tee #	Seeded	Scattered	Moderate	
Fairway #	Thinning	Severe	SITE CONDITIONS	
Lawn	AGE*	Rings	Compacted	
Sports field		Patches	Heavy traffic	
Sod Farm		Leaf Spots		

Describe the problem in detail (ie symptoms, plant parts affected, distribution of symptoms):

Disease or disorder history of the site:

Were fungicides or fertilizers applied recently? Specify type of product(s), rate, and date(s) of application:

Additional comments and specific requests:

MB,SK,AB,or BC Golf Super Assoc. Member? Yes No

Distributor or Corporate Member? Yes No

Photos are also helpful. Please include photos or send via email to mandersona@oldscollege.ca jpick@oldscollege.ca or and be sure to include your name and other information so it can be associated with this sample information.

Instructions for Taking and Submitting a Sample

DISEASE/PATHOLOGY SAMPLING

- Sample BEFORE you treat with fungicides. Fungicide application destroys signs of pathogens impeding diagnosis.
- Sample should be 10 to 15 cm² (cup cutter size is ideal) and include foliage, thatch and at least 5 cm of roots and 5-7.5cm (2-3") soil
- Sample should show a range of symptoms and include healthy, slightly affected and severely affected grass. Take the sample from the outside edge of a ring or patch that includes healthy and unhealthy turf.
 - NOTE: a completely dead sample is not suitable for diagnosis.
- Do not allow the sample to dry out or to be exposed to excessive heat or cold prior to submission.
- Sample should be wrapped in newspaper and then in plastic and placed in a sturdy box.

PARTICLE SIZE SAMPLING

- A cup cutter can be used but will limit total sampling areas; It is better to take multiple small extraction plugs (2cm diameter minimum) representative of the ENTIRE playing area
 - 10 cores is the minimum – 20 to 30 is better
 - Cores should be 10 cm or 4" deep
 - The top 2 cm of grass, thatch and plant material can be removed from the plugs/cores

PLANT/INSECT IDENTIFICATION

- Include live, complete plants; seedhead, crown, and leaves,
- Include insects in plastic wrap or ziploc, grub, or adult stages

PRICING:

- \$180 per sample + GST
- results within 24 hours of receiving the sample

WHEN SUBMITTING A SAMPLE

- Fill out the submission form as completely as possible and include it with the sample
- Do not send samples by regular mail or over a weekend! They must be sent so that they arrive **NEXT DAY.**
- **Photos help with the diagnostic process.**
- To confirm receipt of samples, contact:
 - Mark Anderson, Research Technician 403-556-4664
 - mandersona@oldscollge.ca
 - or Jason Pick, 403-556-8243 jpick@oldscollge.ca

You do not need to include this sheet with your submission