



GEC Turfgrass Consulting

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Commercial Sample Submission Form

Date: ___ / ___ / ___ GEC Retainer Holder ___ Yes ___ No*

Submitter's Name: _____

Business: _____

Address: _____

City/State/Zip: _____

County: _____ Phone: () _____

Fax: () _____ Email: _____

Office Use Only	
Date Received: ___ / ___ / ___	
Sample # _____	
Response Date: ___ / ___ / ___	
By: P / F / M / E	

Response Type: _____
Phone: ___ Fax: ___ Email: ___ Mail: ___

Type of Sample: Disease Insect Weed Uncertain

Plant Information	Symptom Information		Site Information	
Turf Type: _____ Location: <input type="checkbox"/> Lawn/Rough <input type="checkbox"/> Sod Field <input type="checkbox"/> Green <input type="checkbox"/> Tee <input type="checkbox"/> Fairway Height of Cut: _____ Approx. Age of Stand: _____ Establishment Method: <input type="checkbox"/> Seed <input type="checkbox"/> Sod	Type of Damage: <input type="checkbox"/> Rings <input type="checkbox"/> Patches <input type="checkbox"/> Spots <input type="checkbox"/> Streaks <input type="checkbox"/> Irregular Frequency: <input type="checkbox"/> Entire Area <input type="checkbox"/> Moderate	Damage Size: <input type="checkbox"/> Small (under 2") <input type="checkbox"/> Medium (2-12") <input type="checkbox"/> Large (Over 12") <input type="checkbox"/> Isolated	Exposure: <input type="checkbox"/> Full Sun <input type="checkbox"/> Part-Shade <input type="checkbox"/> Full Shade <input type="checkbox"/> Windy <input type="checkbox"/> Protected Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Fair	Soil Type: <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Silt <input type="checkbox"/> Clay <input type="checkbox"/> Muck <input type="checkbox"/> Poor

Chemical and Fertilizer Applications

Please list any applications (rates and date) made in the last 2 months: _____

Problem Description

Include symptoms, plant parts affected, pattern of occurrence, etc. (Attach additional sheet if needed):

On the back of this sheet please include a sketch of the problematic area (Including problem, trees, shrubs, drainage line, etc.)

<p>Please include a check or money order (payable to GEC) for \$110.00 (diagnosis) or \$250.00 (resistance screening) or we can send an invoice. DO NOT SEND CASH.</p> <p>* If you are a retainer holder, charges will be deducted from your retainer.</p> <p>Collecting Samples: Collect and submit samples early in the week. Send an adequate representation of the affected area. Sample at the interface of the diseased and healthy turf. A 6" plug or a cup cutter size is a good sample size. Samples collected with soil probes are useless. Include the roots or about 2" of soil. Submit fresh samples wrapped in aluminum foil. Do not pack sample in plastic. Mail immediately, and use over-night service if possible. Keep this sheet separate from sample to prevent it from getting wet. If you have a questions about collecting or submitting a sample, please call (412) 299-0211.</p>
