

GTI Diagnostic Clinic Submission Form



THE
GTI
DIAGNOSTIC CLINIC

Diagnostic Clinic Contact Information:

Location: 4224 E. C. Bovey Bldg., University of Guelph

Phone: 519-824-4120 x 58873 (Primary)

Email: turfdiag@uoguelph.ca

Fax: 519-766-1704

Dr. Katerina S. Jordan, Associate Professor

Cell phone: 519-241-2566 Office: 519-824-4120 x56615

Email: kjordan@uoguelph.ca

OFFICE USE ONLY - SAMPLE ID: _____

Receipt #: _____

CLIENT CONTACT INFORMATION

Name of person submitting sample: _____ Alternate contact person _____

Email address _____ FAX _____

Telephone (_____) _____ Cell phone (_____) _____ Alternate # _____

Business Name _____

Business Address _____ City _____ Province _____ POSTAL CODE _____

If results are to be PAID FOR or SENT TO a third party, enter name and address: _____

READ INSTRUCTIONS ON SAMPLE COLLECTION AND SUBMISSION ON THE BACK OF THIS FORM BEFORE TAKING/SUBMITTING A SAMPLE

SAMPLE MUST BE SENT VIA COURIER TO ENSURE NEXT DAY ARRIVAL

Please avoid shipping through Canada Post as delivery may be delayed through the University mailing system.

Courier companies have PuroPaks or ExpressPaks that offer a lower cost option for air shipment.

It is important that you fill in ALL SYMPTOM information on page 2 to help with the diagnosis.

Mail Samples to:

The GTI Diagnostic Clinic c/o Katerina Jordan
Dept of Plant Agriculture, E. C. Bovey Building
University of Guelph, 50 Stone Road East
Guelph, ON N1G 2W1

Dropping off a Sample in Person:

4224 E.C. Bovey Building (park at meters on South Ring Rd)
University of Guelph (intersection of Gordon St and South Ring Rd)
Please contact clinic to make appointment or
leave on table outside lab if locked

Fee Schedule: **Pre-payment ONLY** we do not provide invoices. Diagnostics are HST exempt:

Service option: Diagnosis via e-mail or telephone
Per sample \$120.00 (OGSA discount \$100.00)

Nematode extraction only
Per sample \$50.00 (OGSA discount \$45.00)

For more in depth and personalized report, please contact Dr. Jordan directly for options

Payment Information: OGSA member # _____ (must be provided for OGSA discount)

Cheque (enclosed with sample): Payable to "University of Guelph"

VISA/MasterCard # _____

****Credit card number will not be kept on file****

Expiry ____ / ____ Name on card: _____ SIGNATURE: _____

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE TO ASSIST WITH DIAGNOSIS

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 asterisks will likely lead to a faster diagnosis**)

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

Describe the problem in detail (i.e. symptoms, plant parts affected, distribution of symptoms):

Disease or disorder history of the site:

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

Additional comments and specific requests:

VERY IMPORTANT – Instructions for submitting a turf sample

Collecting a sample:

1. Sample BEFORE you treat with fungicides. Fungicide application destroys signs of pathogens impeding diagnosis.
2. Sample should be 10 to 15 cm² (cup cutter size is ideal) and include foliage, thatch and at least 5 cm of roots and soil
3. 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. If symptoms are general, collect the sample from an area with intermediate severity. NOTE: a completely dead sample is not suitable for diagnosis.
4. Do not allow the sample to dry out or to be exposed to excessive heat or cold prior to submission.
5. Sample should be wrapped in newspaper and then in plastic and placed in a sturdy box.

Submitting a sample:

1. Fill out the submission form as completely as possible and include it with the sample
2. Sample must be prepaid
3. Do not send samples by mail or over a weekend! They must be sent so that **they arrive next day.**
4. **Photos are not necessary but do help with the diagnostic process.**

Sampling turf for plant-parasitic nematodes:

1. Please visit our website for directions: www.guelphurfgrass.ca under the “Diagnostic Services” tab.