

UMass Extension Plant Diagnostic Lab: WEED ID FORM

UMEPDL –Lab 3, French Hall, 230 Stockbridge Road, Amherst, MA 01003

Telephone: (413) 545-3208 ag.umass.edu/diagnostics

Results are emailed to the client from pdisnoreply@ksu.edu



Send specimen to address above. Please include check payable to *University of Massachusetts* or receipt for online payment.

⇒ USE THIS FORM FOR: Weed, Turf, or Invasive Plant ID (\$30)

Turfgrass species: _____ Origin: Sodded Seeded Date Sample Collected: _____

Cultivar: _____ Unknown

Year Established: _____

- Name of Seed Mix _____
- List cultivars comprising seed mix, if known _____

Describe Growth Habit: Single Plant Small Group Large Patch Other: _____

Was Plant Apparent in Previous Years? _____

List Herbicide Used, Rates, and Dates of Application: _____

List Fertilizers Used, Rates, and Dates of Application: _____

List Liming Materials Used, Rates, and Dates of Application: _____

Relevant Cultural Practices and Additional Info (mowing height, aeration, irrigation, etc.): _____

Location Where Specimen Was Collected: _____

(street, closest intersection if known) Town State Zip

Circle all that apply:

<u>Location</u>	<u>Site Condition</u>	<u>Soil</u>	<u>Drainage</u>	<u>Distribution</u>
Landscape	Shade	Sandy	Excellent	Patches
Lawn	Part Shade	Clay	Good	Random spots
Meadow	Full Sun	Loam	Moderate	Occasional
Side of the Road	Wet	pH _____	Poor	
Other _____	Droughty			

Contact _____ Company _____ Address _____

Town _____ State _____ Zip Code _____ Phone _____

E-mail _____

THE FOLLOWING SECTIONS WILL BE COMPLETED BY DIAGNOSTIC LAB:

WEED:

MANAGEMENT STRATEGIES/OPTIONS:

Lab Number

Date Received

Date Answered

Payment

Version 2024-AMM

* **NOTE** – tree, shrub, turf, fruit, vegetable and floriculture samples require alternate submission forms. Visit ag.umass.edu/diagnostics for copies.