

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: _____

Year Established: Unknown _____
 - 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:				
Location	Site Condition	Soil	Drainage	Distribution
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
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Version 2023-AMM

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