

Victorian Turfgrass Consultancy Services



DISEASE ANALYSIS

Individual / Club Name:.....Order No. (if applicable):.....

Contact Person:.....ph: email:.....

Sample Area Name:.....

Date Sample Taken:.....

Symptom Description : Briefly describe : Size, Shape, Colour, Mycelium colour, Grass type.
(If possible include an emailed photo/s of area affected)

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Area affected (eg green, oval, etc).....

Name Fungicides & Fertilisers with rates used in the last 6-8 weeks.

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Please send sample to:

Victorian Turfgrass Consultancy Services
P.O. Box 632 OCEAN GROVE
VICTORIA 3226

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VICTORIA 3226

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