

Arkansas Nematode Diagnostic Laboratory
Southwest Research and Extension Center
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Nematode Assay Form

Lab Number: _____

Date Rcvd: _____

GROWER (One grower per form only)

Name _____

Address _____

City/State _____ Zip _____

Phone (____) _____

E-mail _____

COUNTY of Extension Office: _____

COUNTY in which sample was collected: _____

DATE COLLECTED _____

GPS COORDINATES _____

FIELD NAME _____

IS THIS SAMPLE FOR:

- ☐ Diagnosis of problem of existing crop/plant
☐ Planning for future planting
☐ Experimental data (no diagnosis, counts only)

PLANT/CROP - species and variety if known:

Present Crop _____

Age _____ (growth stage, maturity)

Previous Crop _____

Future Crop _____

MAIN SOIL TYPE (✓): ☐ Sand ☐ Clay ☐ Mix ☐ Artificial ☐ other _____

Size of crop area _____

SUBMITTER (If different from grower)

Name _____

Address _____

City/State _____ Zip _____

Phone (____) _____

Email _____

Send Results To: ☐ Client ☐ Submitter ☐ Other _____

Additional email _____

If multiple samples for this grower you may list them on the back ➡

Bill to:

- ☐ Grower ☐ Submitter ☐ 3rd Party: _____
☐ Internal/Workday Acct #s: _____
☐ Check Enclosed: _____ Check payable to University of Arkansas

Comments: _____

Choose method(s) as needed	Examples	In state	Out of state
<input type="checkbox"/> Soil	<i>cotton, soybean, garden</i>	\$15	\$20
<input type="checkbox"/> Soil + Roots	<i>turf/lawn, corn, brambles</i>	\$30	\$40
<input type="checkbox"/> Egg extraction	<i>soybean cyst</i>	\$15	\$20
<input type="checkbox"/> Regulatory	<i>pinewood, nursery, garlic</i>	\$30	\$40
<input type="checkbox"/> Custom assay	<i>by request</i>	call	call

List Multiple Samples Here

[illegible]

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