



UNIVERSITY OF GEORGIA
EXTENSION

NEMATODE ASSAY FORM (EFFECTIVE 1 JANUARY 2024)

A CHECK SUBMISSION FORM SHOULD BE ATTACHED AS NEEDED

(Make checks payable to: "UGA Extension Nematology Lab")

Date Sample Collected _____ Received _____ (USE SEPARATE SHEETS FOR DIFFERENT CROPPING SEQUENCE)

PRESENT CROP _____ VARIETY _____ GROWER'S NAME _____
(growing now or last grown)

PAST CROP _____ VARIETY _____ ADDRESS _____
(year before now)

FUTURE CROP _____ VARIETY _____
(to be planted)

E-MAIL: _____ FAX: _____ PHONE: _____
(must be provided)

GROWER CATEGORY (circle best answer): Commercial Grower; Homeowner; Consultant; County Agent; Scientist

SITE SAMPLED (circle best answer): Field; Orchard; Garden; Landscape; Nursery; Greenhouse; Golf Course

PROBLEM DESCRIPTION & COMMENTS: _____

PAYMENT PER SAMPLE (CHECKS MUST BE ENCLOSED BY ALL THE GROWERS OR PROVIDE ACCURATE BILLING INFORMATION)

Make checks payable to: "UGA Extension Nematology Lab"

1. Sample submitted through GA County Extension Office: \$15.00 Information returned to the County Office.

COUNTY: _____ AGENT NAME: _____

2. In-state samples NOT submitted via GA County Extension Office: \$30.00

3. Samples from UGA research or demonstration projects: \$15.00. Speed-type must be provided here.

4. State certification (GA Department of Agriculture): \$15.00.

5. Out-of-state samples: \$60.00. Must contact lab for permit and shipping label prior to shipping samples.

| Type and Numbers of Plant Parasitic Nematodes per 100 cm ³ of Soil | | | | | | | | | | | | | | | |
|---|-------------------------|--------------------------------|-----------------------------|----------------------------|---------------------------------|------------------------------|--------------------------------------|-----------------------------|---------------------------------|---------------------------------|---------------------------|--------------------------------|---------------------------------|-------|------|
| GROWER SAMPLE # | LAB # (LAB USE ONLY) | ROOT-KNOT (Meloidogyne sp.) | STING (Belonolaimus sp.) | LANCE (Hoplolaimus sp.) | RENIFORM (Rotylenchulus sp.) | LESION (Pratylenchus sp.) | STUBBY-ROOT (Paratrichodorus sp.) | RING (Mesocriconema sp.) | STUNT (Tylenchorhynchus sp.) | SPIRAL (Helicotylenchus sp.) | DAGGER (Xiphinema sp.) | SHEATH (Hemicyclophora sp.) | CYST LARVAE (Heterodera sp.) | OTHER | NONE |
| | | | | | | | | | | | | | | | |
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Shipping Address: Extension Nematology Laboratory, 2350 College Station Road, Athens, GA 30602

Contact Information: Dr. Ganpati Jagdale gbjagdal@uga.edu Emily Scott emily.scott@uga.edu Phone: 706-542-9144

LAB USE ONLY

Date Received: _____

Date Mailed: _____

County: _____

CHECK SUBMISSION FORM

FOR EXTENSION NEMATOLOGY LAB SUBMISSIONS ONLY

REFER TO CURRENT PRICE LIST FOR CORRECT CHARGES – Make checks payable to "UGA Extension Nematology Lab"

PLACE CHECK MARK (✓) IN PROPER COLUMN TO INDICATE WHETHER A SAMPLE IS PREDICTIVE

Attached check covers analysis fees for samples listed on this form only. Attach additional CHECK SUBMISSION FORMS as necessary.

| Client Name | Grower # | Lab # | # of Samples | Cost per sample | Total Amount |
|-------------|----------|-------|--------------|-----------------|--------------|
| 1 | | | | | \$ |
| 2 | | | | | \$ |
| 3 | | | | | \$ |
| 4 | | | | | \$ |
| 5 | | | | | \$ |

Speed type OR county office OR full name and address:

Grand Total \$ _____

Check # _____

E-mail address:
(must be provided)