



## NEMATODE ASSAY FORM

***A CHECK SUBMISSION FORM MUST BE ATTACHED TO THIS FORM IF FEES APPLY***

Date Sample was Collected \_\_\_\_\_

(USE SEPARATE SHEETS FOR DIFFERENT CROPPING SEQUENCE)

PRESENT CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (growing now or last grown)

GROWER'S NAME \_\_\_\_\_ \*

PAST CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (year before now)

ADDRESS \_\_\_\_\_

FUTURE CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (to be planted)

PHONE: ( ) \_\_\_\_\_

GROWER CATEGORY (circle best answer): Commercial Grower (farmer, etc.); Home Owner; Consultant; County Agent; Scientist

TYPE OF SAMPLE (circle best answer): Trouble Shooting; Predictive; Survey; Free;  
 (No charge) (Fees may apply) (Fees may apply) (County allotment - 25)

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

PROBLEM DESCRIPTION & COMMENTS: \_\_\_\_\_

Type and Numbers of Plant Parasitic Nematodes per 100 cm <sup>3</sup> of Soil															
GROWER #	LAB # (LAB USE ONLY)	ROOT-KNOT <small>Meloidogyne sp.</small>	STING <small>(Belonolaimus)</small>	LANCE <small>(Hoplolaimus)</small>	RENIFORM <small>(Rotylenchulus)</small>	FESSION <small>(Pratylenchus)</small>	STUBBY-ROOT <small>Paratrichodorus sp.</small>	RING <small>Mesocriconema</small>	SPIRANT <small>(Tylenchorhynchus)</small>	SPIRAL <small>Helicotylenchus</small>	DAGGER <small>Xiphinema</small>	SHEATH <small>Helicicyathophora sp.</small>	CYST LARVAE <small>Heterodera</small>	OTHER <small>sp.</small>	NONE

COUNTY: \_\_\_\_\_ AGENT: \_\_\_\_\_ (Signature)

**\*Diagnosis/recommendations will be returned to the County Extension Agent.**