

NON-TURF NEMATODE ASSAY FORM

CLIENT

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
E-mail _____

COUNTY _____ EXT AGENT _____

DATE COLLECTED _____

Signature _____

SUBMITTER

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
Email _____

Send Results To: Client Submitter

By: Mail E-mail FAX

Information Needed for Correct Interpretation of Assay Results:

IS THIS SAMPLE FOR:

- Diagnosis of problem of existing crop/plant
- Advice for future planting
- Experimental data

SERVICE TYPE

- Soil
- Root
- Soil and root
- Species ID

PLANT/CROP - species and variety if known:

Present _____ Age _____
Previous _____ Future _____

SYMPTOMS: (✓) terms which describe the crop

- Plant - wilted stunted yellow decline dead
Root - galls stunted roots root rot pod rot

SITUATION (✓): Commercial Residential Public

(✓) **ONE OF THE FOLLOWING:**

- Field Grove Nursery Garden Landscaping
- Containerized/Interior Ornamental Other _____

MAIN SOIL TYPE (✓): Sand Clay Muck Artificial Mix Marl

Size of crop area _____

Recent nematicide use, prior history of nematodes, other pertinent information

Lab Sample No. _____ Date Received _____

Sample Status: Paid IFAS Service Other (explain) _____



PAYMENT INFORMATION

(this portion of the form will be detached and shredded after transaction is approved; we do not keep this information on file)

Credit card number: _____ CVV: _____

Name as it appears on card: _____

Expiration date (mm/yy): _____

***Center staff only* NAL #:** _____

Florida: \$25 per sample
Outside of Florida: \$35 per sample (soil or mist)

Please make checks payable to University of Florida

Amount: \$ _____

