

**GROWER/OWNER NAME AND ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

COUNTY \_\_\_\_\_ EXT AGENT \_\_\_\_\_

DATE COLLECTED \_\_\_\_\_

**CONSULTANT, PEST CONTROL COMPANY, etc:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Send Results To:  Grower  Pest Control/Consultant

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 a future planting
- Experimental data

**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  Golf Course  Lawn  Garden  Park  Playing Field  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) \_\_\_\_\_

