

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

TURF - 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

SITUATION (✓): Commercial Residential Public

(✓) ONE OF THE FOLLOWING:

- Sod Farm Golf Course Lawn Park Playing Field
- 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)
Both soil and mist is double.
Please make checks payable to University of Florida

Amount: \$ _____

List Multiple Samples Here

Grower Identification <i>Examples:</i> Fairway 1 Soccer Field Front Yard	Plant/Crop (Species & Variety) <i>Examples:</i> Petunia - Purple Haze St. Augustine - Floratam Corn - Silver Queen	Lab Sample # (Lab Use Only)

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