

TURF NEMATODE ASSAY FORM

CLIENT Name _____ Address _____ *City/State _____ *Zip _____ Phone (____) _____ Fax (____) _____ E-mail _____ COUNTY _____ DATE COLLECTED _____ Signature for cards _____	SUBMITTER Name _____ Address _____ City/State _____ Zip _____ Phone (____) _____ Fax (____) _____ Email _____ *Send Results To: <input type="checkbox"/> Client <input type="checkbox"/> Submitter *By: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> FAX Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Submitter <input type="checkbox"/> 3rd Party
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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 _____ (if unknown mark new or established)
 (Previous _____ Future _____ Advice use)

SYMPTOMS: (✓) terms which describe the crop

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

***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 other _____

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) _____ Or 3rd Party email _____

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 #: _____

Amount: \$ _____

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

