

NON-TURF NEMATODE ASSAY FORM

GROWER

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:** Client Submitter

***By:** Mail E-mail FAX

***Bill to:** Grower Submitter 3rd Party

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 (no diagnosis, counts only)

PLANT/CROP - 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 pod rot Other _____

***(✓) ONE OF THE FOLLOWING:**

- Field Grove Nursery Garden Landscaping
- Containerized/Interior Ornamental 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

