

TURF NEMATODE ASSAY FORM

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| 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 |
|---|--|

| Information Needed for Correct Interpretation of Assay Results: *IS THIS SAMPLE FOR: <input type="checkbox"/> Diagnosis of problem of existing crop/plant <input type="checkbox"/> Advice for future planting <input type="checkbox"/> Experimental data (no diagnosis counts only) TURF - species and variety if known: *Present _____ *Age _____ (if unknown mark new or established) (Previous _____ Future _____ Advice use) | <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">SERVICE TYPE</th> <th style="text-align: left;">In-State</th> <th style="text-align: left;">Out-of-State</th> </tr> <tr> <td>Soil extraction (standard)</td> <td><input type="checkbox"/> \$37 per sample</td> <td><input type="checkbox"/> \$47 per sample</td> </tr> <tr> <td>Mist extraction (separate charge)</td> <td><input type="checkbox"/> \$37 per sample</td> <td><input type="checkbox"/> \$47 per sample</td> </tr> <tr> <td>Soil and mist</td> <td><input type="checkbox"/> \$74 per sample</td> <td><input type="checkbox"/> \$94 per sample</td> </tr> <tr> <td>Molecular ID</td> <td><input type="checkbox"/> \$120 per sample</td> <td><input type="checkbox"/> \$120 per sample</td> </tr> </table> | SERVICE TYPE | In-State | Out-of-State | Soil extraction (standard) | <input type="checkbox"/> \$37 per sample | <input type="checkbox"/> \$47 per sample | Mist extraction (separate charge) | <input type="checkbox"/> \$37 per sample | <input type="checkbox"/> \$47 per sample | Soil and mist | <input type="checkbox"/> \$74 per sample | <input type="checkbox"/> \$94 per sample | Molecular ID | <input type="checkbox"/> \$120 per sample | <input type="checkbox"/> \$120 per sample |
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SYMPTOMS: (✓) terms which describe the crop
 Plant - wilted stunted yellow decline dead
 Root - galls stunted roots root rot other _____

***(✓) ONE OF THE FOLLOWING:**
 Sod Farm Golf Course Lawn Park Playing Field
 Other _____

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

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 _____

