

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 (no diagnosis counts only)

TURF - species and variety if known:

SERVICE TYPE

	In State	Out of State
Soil extraction(standard)	\$37 per sample	\$47 per sample
Mist extraction: (separate charge)	\$37 per sample	\$47 per sample
Soil and mist	\$74 per sample	\$94 per sample
Molecular ID	\$120 per sample	

*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 _____

* (✓) 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 _____

 <p style="text-align:center">PAYMENT INFORMATION</p> <p><i>(this portion of the form will be detached and shredded after transaction is approved; we do not keep this information on file)</i></p> Credit card number: _____ CVV: _____ Name as it appears on card: _____ Expiration date (mm/yy): _____	<p>Florida: \$37 per sample Outside of Florida: \$47 per sample (soil or mist) Both soil and mist is double. Please make checks payable to University of Florida</p>
Center staff only NAL #: _____ Amount: \$ _____	

