



Nematode Analysis Form

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Office Use Only	
Sample #	_____
Date Rec.	_____
Amt. Rec.	_____
Ck. #	_____
Ser Amt.	_____

Grower Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Results:

Send results to: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Who is to be billed for sample processing? _____

Crop Information:

County: _____

Township: _____

Field Identification: _____

Number of Acres: _____

Current Crop: _____

Variety: _____

Previous Crops:

Year: _____ Crop: _____

Year: _____ Crop: _____

The CWEPPDC charges a fee for sample processing of \$15 per sample per shipment. You will receive a bill with your results.

Complete one form for each sample submitted, and submit the sample form(s) in a protective bag separate from the soil sample(s).

Lab Use Only

Soybean Cyst Nematode: _____eggs/200 cc of soil _____juveniles/200 cc of soil