



C. Wayne Ellett Plant and Pest Diagnostic Clinic
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Office Use Only	
Sample #	_____
Date Rec.	_____
Amt. Rec.	_____
Ck. #	_____
Ser Amt.	_____

Nematode Analysis Form

Grower Information:

Send Results To:

Name: _____
 Address: _____

 Phone: _____ Fax: _____
 E-mail: _____

Name: _____
 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/200cc of soil _____ juveniles/200 cc of soil