



The University of Georgia
 Cooperative Extension Service

College of Agricultural & Environmental Sciences / Athens, GA 30602-4356

NEMATODE ASSAY FORM (EFFECTIVE: 16 March 2017)

A CHECK SUBMISSION FORM SHOULD BE ATTACHED AS NEEDED

(Make checks payable to: "UGA Extension Nematology Lab")

Date Sample Collected _____ (USE SEPARATE SHEETS FOR DIFFERENT CROPPING SEQUENCE)

PRESENT CROP _____ VARIETY _____
 (growing now or last grown)

GROWER'S NAME _____

ADDRESS _____

PREVIOUS CROP _____ VARIETY _____
 (year before now)

FUTURE CROP _____ VARIETY _____
 (to be planted)

PHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

GROWER CATEGORY (circle best answer): Commercial Grower (farmer, etc.); Home Owner; Consultant; County Agent; Scientist

SITE SAMPLED (circle best answer): Field; Orchard; Garden; Landscape; Nursery; Greenhouse; Golf Course

PROBLEM DESCRIPTION & COMMENTS: _____

PAYMENT PER SAMPLE:

1. Sample submitted through GA County Extension Office: \$12.00 (Check enclosed). Information returned to the County Office.
 COUNTY: _____ AGENT NAME: _____
2. Samples **not** submitted through GA County Extension Office: \$25.00. Check must be enclosed.
3. Research: \$12.00 (Account Name or Number): _____
4. State Certification (GA Department of Agriculture): \$12.00
5. Out-of-State samples. (Must contact lab for permit and shipping label prior to submitting samples): \$50.00 (Check enclosed)
6. Identification to Species: \$50.00 / Identification of free-living species: \$75.00. Call to arrange payment.

Type and Numbers of Plant Parasitic Nematodes per 100 cm³ of Soil

GROWER SAMPLE #	LAB # (LAB USE ONLY)	ROOT-KNOT (Meloidogyne sp.)	STING (Belonolaimus sp.)	LANCE (Hoplolaimus sp.)	RENIFORM (Rotylenchulus sp.)	LESION (Pratylenchus sp.)	STUBBY-ROOT (Paratrichodorus sp.)	RING (Mesocriconema sp.)	STUNT (Tylenchorhynchus sp.)	SPIRAL (Helicotylenchus sp.)	DAGGER (Xiphinema sp.)	SHEATH (Hemicycliphora sp.)	CYST LARVAE (Heterodera sp.)	OTHER	NONE

Shipping Address: Extension Nematology Laboratory, 2350 College Station Rd., Athens, GA 30602

Contact Information: Dr. Ganpati Jagdale, gbjagdal@uga.edu, Lara Arnold-Smith, lara89@uga.edu [706-542-9144]

LAB USE ONLY

Date Received: _____

Date Mailed: _____

County: _____

CHECK SUBMISSION FORM

FOR EXTENSION NEMATOLOGY LAB SUBMISSIONS ONLY

REFER TO CURRENT PRICE LIST FOR CORRECT CHARGES – Make checks payable to “UGA Extension Nematology Lab”

PLACE CHECK MARK (✓) IN PROPER COLUMN TO INDICATE WHETHER A SAMPLE IS PREDICTIVE OR FOR ROOT-KNOT SPECIATION

Attached check covers analysis fees for samples listed on this form only. Attach additional CHECK SUBMISSION FORMS as necessary.

Client Name	Grower #	Lab #	Predictive Sample	Root-knot Speciation	# of Samples	Cost per sample	Total Amount
1							
2							
3							
4							
5							

Please Bill to: _____

Grand Total \$ _____

Check # _____