



UNIVERSITY OF GEORGIA

# EXTENSION

## NEMATODE ASSAY FORM (EFFECTIVE 1 JANUARY 2020)

A CHECK SUBMISSION FORM SHOULD BE ATTACHED AS NEEDED

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

Date Sample Collected \_\_\_\_\_ Received \_\_\_\_\_ (USE SEPARATE SHEETS FOR DIFFERENT CROPPING SEQUENCE)

PRESENT CROP \_\_\_\_\_ VARIETY \_\_\_\_\_ GROWER'S NAME \_\_\_\_\_  
(growing now or last grown)

PAST CROP \_\_\_\_\_ VARIETY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(year before now)

FUTURE CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
(to be planted)

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

GROWER CATEGORY (circle best answer): Commercial Grower; Homeowner; 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: \$15.00 (check enclosed). Information returned to the County Office.

COUNTY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

2. In-state samples NOT submitted via GA County Extension Office: \$30.00. Check must be enclosed.

3. Samples from UGA research or demonstration projects: \$15.00. Speed-type must be provided here.

4. State certification (GA Department of Agriculture): \$15.00. Check must be enclosed.

5. Out-of-state samples: \$60.00. Must contact lab for permit and shipping label prior to shipping samples. Check must be enclosed.

6. Identification of free- living nematodes by genus: \$100.00. Call to arrange payment or Check must be enclosed.

Type and Numbers of Plant Parasitic Nematodes per 100 cm <sup>3</sup> 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 (Hemicyclophora sp.)	CYST LARVAE (Heterodera sp.)	OTHER	NONE

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

Contact Information: Dr. Ganpati Jagdale [gjbjagdal@uga.edu](mailto:gjbjagdal@uga.edu) Katherine Martin [katherine.martin28@uga.edu](mailto:katherine.martin28@uga.edu) Phone: 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 #	# of Samples	Cost per sample	Total Amount
1					
2					
3					
4					
5					

Speed type OR county office OR full name and address:

Grand Total \$ \_\_\_\_\_

Check # \_\_\_\_\_

E-mail address: