



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 cm<sup>3</sup> of Soil**

GROWER SAMPLE #	LAB # (LAB USE ONLY)	ROOT-KNOT ( <i>Meloidogyne</i> sp.)	STING ( <i>Belonolaimus</i> sp.)	LANCE ( <i>Hoplaimus</i> sp.)	RENIFORM ( <i>Rotylenchulus</i> sp.)	LESION ( <i>Pratylenchus</i> sp.)	STUBBY-ROOT ( <i>Paratrichodorus</i> sp.)	RING ( <i>Mesocriconema</i> sp.)	STUNT ( <i>Tylenchorhynchus</i> sp.)	SPIRAL ( <i>Helicotylenchus</i> sp.)	DAGGER ( <i>Xiphinema</i> sp.)	SHEATH ( <i>Hemicycliphora</i> sp.)	CYST LARVAE ( <i>Heterodera</i> 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 # \_\_\_\_\_