UNIVERSITY OF GEORGIA
EXTENSION

NEMATODE ASSAY FORM (EFFECTIVE July 1, 2025)

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)

E-MAIL: _____ PHONE: _____

(must be provided)

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 (CHECKS MUST BE ENCLOSED BY ALL THE GROWERS OR PROVIDE ACCURATE BILLING INFORMATION. YOU CAN ALSO PAY BY CREDIT CARD. A PAYMENT LINK, ALONG WITH INSTRUCTIONS, WILL BE INCLUDED WITH THE INVOICE)

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1. All field, vegetable, fruit and nut crop samples submitted through GA County Extension Office:$20.00. Results returned to the County Office. COUNTY:_____ AGENT NAME: _____
2. All in-state turfgrass samples (more time- consuming to count) and samples NOT submitted via GA County Extension Office: $35.00
3. Samples from UGA research or demonstration projects: $20.00. Speed-type must be provided (_____)
4. State certification (GA Department of Agriculture): $35.00.
5. Out-of-state samples: $80.00. Must contact lab for permit and shipping label prior to shipping samples.

Type and Numbers of Plant Parasitic Nematodes per 100 cm^3 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 (*Hemicycliophora sp.*)	CYST LARVAE (*Heterodera sp.*)	OTHER	NONE

Shipping Address: Extension Nematology Laboratory, 2350 College Station Road, Athens, GA 30602
Contact Information: Dr. Ganpati Jagdale gbjagdal@uga.edu Emily Scott emily.scott@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"**

YOU CAN ALSO PAY BY CREDIT CARD. A PAYMENT LINK, ALONG WITH INSTRUCTIONS, WILL BE INCLUDED WITH THE INVOICE

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:
(must be provided)