



Soybean Cyst Nematode Sample Submission Form

Mail samples to: MSU Extension Plant Diagnostic Lab
 190 Bost North, Rm. 09, Box 9612
 Mississippi State, MS 39762

Lab Use Only
Lab ID#s

Phone: 662-325-2146 FAX: 662-325-8336 <http://extension.msstate.edu/lab>

<p>Submitter Contact Information</p> <p>Name: _____</p> <p>Company name (if commercial): _____</p> <p>Address: _____</p> <p>City: _____ County: _____ State/Zip: _____</p> <p>Phone: _____ FAX: _____</p> <p>Email: _____</p> <p>Submitter is <input type="checkbox"/> MSU Extension <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Nursery/greenhouse/garden center <input type="checkbox"/> State/Federal agent <input type="checkbox"/> University research <input type="checkbox"/> Other</p> <p>Send results to: <input type="checkbox"/> Submitter <input type="checkbox"/> Grower Send results via: <input type="checkbox"/> Email <input type="checkbox"/> Standard mail <input type="checkbox"/> FAX <input type="checkbox"/> Send copy to Extension agent</p>	<p>Grower Contact Information (if different from submitter)</p> <p>Name: _____</p> <p>Company name (if commercial): _____</p> <p>Address: _____</p> <p>City: _____ County: _____ State/Zip: _____</p> <p>Phone: _____ FAX: _____</p> <p>Email: _____</p> <p>Grower is <input type="checkbox"/> MSU Extension <input type="checkbox"/> Farmer <input type="checkbox"/> Consultant <input type="checkbox"/> Nursery/greenhouse/garden center <input type="checkbox"/> State/Federal agent <input type="checkbox"/> University research <input type="checkbox"/> Other</p>
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This opportunity for free testing is being subsidized by the United Soybean Board in partnership with the Soybean Cyst Nematode Coalition. Free testing expires August 30, 2019.

Date sampled: _____ County/State samples collected from: _____ Check for soybean cyst viability test.

Lab stamp	Soil cc	Sample name	Soil type*	Current/ most recent crop	Future crop	Alternate future crop

Lab Use Only

Date received _____

Database no. _____

Test:

Elutriator

Hand

BPI Cert.

Ck # _____

Amt. _____

*Soil types: **light** (sand), **medium** (loam), **heavy** (clay)

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