



Nematode Sample Submission Form

Ship samples and payment to: MSU Extension Plant Diagnostic Lab
405 Garrard Rd. East, Mailstop 9612
Starkville, MS 39759

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

Lab Use Only
Lab ID#s

Submitter Contact Information

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ County: _____ State/Zip: _____
Phone: _____ FAX: _____
Email: _____

Submitter is MSU Extension Homeowner Farmer Lawn/tree care co.
Golf course Consultant Nursery/greenhouse/garden center
State/Federal agent University research Other

Grower Contact Information

Name: _____
Company name (if commercial): _____
Address: _____
City: _____ County: _____ State/Zip: _____
Phone: _____ FAX: _____
Email: _____

Grower is MSU Extension Homeowner Farmer Lawn/tree care co.
Golf course Consultant Nursery/greenhouse/garden center
State/Federal agent University research Other

Send results to: Submitter Grower **Send results via:** Email Standard mail FAX Send copy to Extension agent

Method of payment: Payment enclosed Bill university account #: _____

Fee: In-state/out-of-state (\$11/\$20/sample) Send invoice to: _____ Billing address: _____

The MSU Plant Diagnostic Laboratory accepts payment in the form of check or money order. To pay with a credit card, you must have an active account with Mississippi State University. If you would like to set up an account with MSU, please contact the lab.

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

Lab stamp (lab use only)	Soil cc (lab use only)	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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