



Soybean Nematode Sample Submission Form

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

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

Lab Use Only
Lab ID#s

<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"/> State/Federal agent <input type="checkbox"/> Nursery/greenhouse/garden center <input type="checkbox"/> University research <input type="checkbox"/> Other</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"/> State/Federal agent <input type="checkbox"/> Nursery/greenhouse/garden center <input type="checkbox"/> University research <input type="checkbox"/> Other</p>
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Send results to: Submitter Grower **Send results via:** Email Standard mail FAX Send copy to Extension agent

This opportunity for free testing is being subsidized by the United Soybean Board in partnership with the Soybean Cyst Nematode Coalition.

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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