



EXTENSION

Nematode Sample Submission Form

Mail samples and payment 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

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

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 Send invoice to: _____ Billing address: _____
 \$11/\$20/sample

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 or go to <http://lextension.msstate.edullab> to download an application.

Grower Contact Information (if different from submitter)

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

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)

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.