

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

Mississippi State, MS 39762

Lab Use Only Lab ID#s

1	EXTENS	ION	Phone	Phone: 662-325-2146		http://extension.msstate.edu/lab					
Submitter Contact Information Name:						Grower Contact Information (if different from submitter) Name:					
											Company name (if commercial):
City:	County: State/Zip:			City:			County:	State/Zip:			
		FAX:_							FAX:		
					Е	mail:					
Submitter is	☐ MSU Exten ☐ Nursery/gre ☐ Other	nsion	Č	niversity research		rower is	☐ Nursery/greenhou ☐ Other		☐ Consultant☐ State/Federal agent	☐ University research	
Send results t	o: 🗆 Submitte	er	ults via:	☐ Standard mail	□ FAX	□ Se	end copy to Extension a	gent			
		is being subsidized by the Unit				e 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 cro	n	Future	e cron	Alternate	e future crop	Lab Use Only	
	2011 00	Swinpre nume	Son type	inest recent ere	r	1 0,001	· · · · ·	1110011100	o ratare erop	Date received	
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										□ BPI Cert. Ck #	

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