

# Plant Nematode Sample Submission Form

Submit samples, the white copy of this form, and a check for the appropriate fees to:

Plant Disease Clinic  
 323 Bessey Hall  
 Department of Plant Pathology  
 Iowa State University  
 Ames, Iowa 50011  
 (515) 294-0581

For Office Use Only	
SCN No.	_____
Date Rec.	_____
Mailed	_____
Faxed	_____
Check No.	_____ Dated _____
Amount Enclosed	_____

See reverse side of form for selection of tests and instructions on collection and shipping plant and soil samples for nematode analysis. Please attach payment. (See prices on back.)

County of owner: _____	Date: _____
Owner: _____	Submitted by: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Send results to  Owner or  Sender

Field name/ Sample number						
Acreage sampled						
Current crop, variety and stage						
Cropping history						
Soil type*						
Symptoms						
Test desired? (see back)						
Results						

\*1=light, 2=medium, 3=heavy; or use other descriptions as necessary



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