## **Standard Nematode Analysis Form**

## Michigan State University Plant & Pest Diagnostics

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Lab Use Only			
Case #			
Date received:			
Diagnostic fee:			

Submitter		Grower/Other (if applicable)		
Name		Name		
Business		Business		
Address		Address		
City/State/Zip		City/State/Zip		
PhoneFAX		Phone		
Email address		Email address		
Send report to Submitter Grower/Other		Send invoice to □ Submitter □ Grower/Other		
Report Preference:   Email   Mailed h	ard copy	Invoice preference:   Email	Mailed hard copy	
* Report and invoice will be sent separately.		MSU account #		
Sample Information:				
Field ID	No. Acres	Previous	Crops:	
Present Crop	Future Crop		Crop	
			Crop	
Analysis Requested (Invoice will be gene	erated upon sam	ole completion, no pre-payment ne	eded):	
□ Soil and Root Plant-Parasitic Basic Analysis (\$25/sample)		<i>Verticillium dahliae</i> Analy	rsis (potato soil/stem only):	
□ Foliar or Garlic Bloat Nematode Analysis (\$25/sample)		□ Wet sieving (\$25/samp	le)	
□ Mini SCN Type Test (\$100 – includes Basic Ne	•			
☐ Full SCN Type Test (\$145 – includes Basic Ner				
□ Nematode Trophic Composition (\$50/sample)		*Please note, out-of-state so	amples are charged double.	

Sample Results (For Office Use Only)

Nematodes	Soil <sup>1</sup>	Roots <sup>2</sup>	Risk
Cyst □ Soybean	Cysts	J2s	
Cyst □ Sugar beet	Eggs	Males	
Cyst □ Clover	J2s		
Cyst □ Other	Total		
Lesion			
Root-knot			
Lance			
Dagger			
Needle			
Spiral			
Stunt			
Pin			
Ring			
Other			
Other			

<sup>1</sup>Number per 100 cm<sup>3</sup> soil; <sup>2</sup>Number per 1.0 gram root/plant tissue

Diagnosis and	Recomm	endations
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MSU Diagnostician

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