



NEMATODE SOIL AND ROOT SAMPLE QUESTIONNAIRE



Name of Grower: _____

Address: _____

Phone: _____ Fax: _____

Sample Date: _____ Field No.: _____ Location of Field: _____

Sample Submitted by: _____
(if different from above)

check here to
receive a copy of
results

Address: _____
(if different from above)

Phone: _____

Present Crop: _____ Disease Symptoms: _____

Crop History Past 3 Years: 20 _____
20 _____
20 _____

Fumigation History: _____

Future Crop: _____

Soil Type : _____

Additional Information: _____

LAB USE ONLY
SAMPLE ID #: _____
DATE RECEIVED: _____

Note: Failure to recover nematodes from a sample does not necessarily indicate the field is free of plant-parasitic nematodes.