



EXTENSION

Nematode Sample Submission Form

Ship samples and payment to: MSU Extension Plant Diagnostic Lab
405 Garrard Rd. East, Mailstop 9612
Starkville, MS 39759

Phone: 662-325-2146 FAX: 662-325-8336 <http://extension.msstate.edu/lab>

Lab Use Only Lab ID#s _____
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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

Grower Contact Information

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

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

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.

Date sampled: _____ County/State samples collected from: _____

Check for soybean cyst viability test.

Lab stamp (lab use only)	Soil cc (lab use only)	Sample name	Soil type*	Current/ most recent crop	Future crop	Alternate future crop

Lab Use Only Date received _____ Database no. _____ Test: <input type="checkbox"/> Elutriator <input type="checkbox"/> Hand <input type="checkbox"/> BPI Cert. Ck # _____ Amt. _____

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

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Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. STEVE MARTIN, Interim Director **F448** (02-23)