Nematode Analysis Form

Michigan State University
Plant & Pest Diagnostics
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Email: pestid@msu.edu
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Lab Use Only
Case # _____
Date received: _____
Diagnostic fee: _____

Submitter

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address _____
Send report to □ Submitter □ Grower/Other
Report Preference: □ Email □ Mailed hard copy
** Report and invoice will be sent separately.*

Grower/Other (if applicable)

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address _____
Send invoice to □ Submitter □ Grower/Other
Invoice preference: □ Email □ Mailed hard copy
MSU account # _____

Sample Information:

Field ID _____ No. Acres _____ Previous Crops:
Present Crop_____ Future Crop _____ Year _____ Crop_____
County _____ Year _____ Crop_____

Analysis Requested (Invoice will be generated upon sample completion, no pre-payment needed):

□ Soil and Root Plant-Parasitic Basic Analysis ($25/sample)
□ Foliar or Garlic Bloat Nematode Analysis ($25/sample)
□ Mini SCN Type Test ($100 – includes Basic Nematode Analysis)
□ Full SCN Type Test ($145 – includes Basic Nematode Analysis)
□ Nematode Trophic Composition ($50/sample)

Verticillium spp. Analysis (potato soil/stem only):
□ Wet sieving ($25/sample)

**Please note, out-of-state samples are charged double.*

Sample Results (For Office Use Only)

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

[1]Number per 100 cm^3 soil; [2]Number per 1.0 gram root/plant tissue

Diagnosis and Recommendations:

_____
MSU Diagnostician

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