

Standard 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 _____

Present Crop _____

No. Acres _____

Future Crop _____

County _____

Previous Crops:

Year _____ Crop _____

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 dahliae 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 <input type="checkbox"/> Soybean	Cysts	J2s	
Cyst <input type="checkbox"/> Sugar beet	Eggs	Males	
Cyst <input type="checkbox"/> Clover	J2s		
Cyst <input type="checkbox"/> Other	Total		
Lesion			
Root-knot			
Lance			
Dagger			
Needle			
Spiral			
Stunt			
Pin			
Ring			
Other			
Other			

Diagnosis and Recommendations:

¹Number per 100 cm³ soil; ²Number per 1.0 gram root/plant tissue

MSU Diagnostician