



The University of Georgia  
 Cooperative Extension Service

College of Agricultural & Environmental Sciences / Athens, GA 30602-4356

**NEMATODE ASSAY FORM (EFFECTIVE: 16 March 2017)**

**A CHECK SUBMISSION FORM SHOULD BE ATTACHED AS NEEDED**

**(Make checks payable to: "UGA Extension Nematology Lab")**

Date Sample Collected \_\_\_\_\_ (USE SEPARATE SHEETS FOR DIFFERENT CROPPING SEQUENCE)

PRESENT CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (growing now or last grown)

GROWER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PREVIOUS CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (year before now)

FUTURE CROP \_\_\_\_\_ VARIETY \_\_\_\_\_  
 (to be planted)

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GROWER CATEGORY (circle best answer): Commercial Grower (farmer, etc.); Home Owner; Consultant; County Agent; Scientist

SITE SAMPLED (circle best answer): Field; Orchard; Garden; Landscape; Nursery; Greenhouse; Golf Course

PROBLEM DESCRIPTION & COMMENTS: \_\_\_\_\_

**PAYMENT PER SAMPLE:**

1. Sample submitted through GA County Extension Office: \$12.00 (Check enclosed). Information returned to the County Office.  
 COUNTY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_
2. Samples **not** submitted through GA County Extension Office: \$25.00. Check must be enclosed.
3. Research: \$12.00 (Account Name or Number): \_\_\_\_\_
4. State Certification (GA Department of Agriculture): \$12.00
5. Out-of-State samples. (Must contact lab for permit and shipping label prior to submitting samples): \$50.00 (Check enclosed)
6. Identification to Species: \$50.00 / Identification of free-living species: \$75.00. Call to arrange payment.

**Type and Numbers of Plant Parasitic Nematodes per 100 cm<sup>3</sup> of Soil**

GROWER SAMPLE #	LAB # (LAB USE ONLY)	ROOT-KNOT (Meloidogyne sp.)	STING (Belonolaimus sp.)	LANCE (Hoplolaimus sp.)	RENIFORM (Rotylenchulus sp.)	LESION (Pratylenchus sp.)	STUBBY-ROOT (Paratrichodorus sp.)	RING (Mesocriconema sp.)	STUNT (Tylenchorhynchus sp.)	SPIRAL (Helicotylenchus sp.)	DAGGER (Xiphinema sp.)	SHEATH (Hemicycliphora sp.)	CYST LARVAE (Heterodera sp.)	OTHER	NONE

**Shipping Address:** Extension Nematology Laboratory, 2350 College Station Rd., Athens, GA 30602

**Contact Information:** Dr. Ganpati Jagdale, gbjagdal@uga.edu, Lara Arnold-Smith, lara89@uga.edu [706-542-9144]

**LAB USE ONLY**

Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

County: \_\_\_\_\_

**CHECK SUBMISSION FORM**

**FOR EXTENSION NEMATOLOGY LAB SUBMISSIONS ONLY**

***REFER TO CURRENT PRICE LIST FOR CORRECT CHARGES – Make checks payable to “UGA Extension Nematology Lab”***

**PLACE CHECK MARK (✓) IN PROPER COLUMN TO INDICATE WHETHER A SAMPLE IS PREDICTIVE OR FOR ROOT-KNOT SPECIATION**

Attached check covers analysis fees for samples listed on this form only. Attach additional CHECK SUBMISSION FORMS as necessary.

Client Name	Grower #	Lab #	Predictive Sample	Root-knot Speciation	# of Samples	Cost per sample	Total Amount
1							
2							
3							
4							
5							

Please Bill to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Check # \_\_\_\_\_