

## Nematode Assay Form<sup>1</sup>

---

W. T. Crow<sup>2</sup>

The Nematode Assay Form (SR023) is the form that must accompany samples submitted to the UF/IFAS Nematode Assay Laboratory. This service is available to the public for a fee of \$12.00 per sample. Florida Cooperative Extension personnel are not charged for samples when "trouble-shooting" plant growth problems.

The Nematode Assay Form is available in printable form through the EDIS Web site. The form gives details about how to collect samples and what analyses will be performed. Please see Nematode Assay Laboratory (SR011) for more information.

- 
1. This document is RFSR023, one of a series of the Entomology and Nematology Department, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida. Original publication date October 1998. Revised: May 2006. Visit the EDIS Web Site at <http://edis.ifas.ufl.edu>.
  2. R.A. Dunn, Professor and Extension Nematologist, Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, 32611.

**The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A. & M. University Cooperative Extension Program, and Boards of County Commissioners Cooperating. Larry Arrington, Dean**

## NEMATODE ASSAY FORM

Nematode Assay Laboratory  
P.O. Box 110820  
Building 78 Mowry Road  
University of Florida  
Gainesville, FL 32611-0820  
(352) 392-1994 Fax# (352) 392-3438  
E-mail: [nemalab@ifas.ufl.edu](mailto:nemalab@ifas.ufl.edu)

**GROWER/OWNER NAME AND ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

COUNTY \_\_\_\_\_ AGENT \_\_\_\_\_

DATE COLLECTED \_\_\_\_\_

**CONSULTANT, PEST CONTROL COMPANY, etc:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Send Results To:**  Grower  Pest Control/Consultant

**By:**  Mail  E-mail  FAX

**Needed for correct interpretation of assay results:**

**PLANT/CROP** - species and variety if known:

Present \_\_\_\_\_ Age \_\_\_\_\_

Previous \_\_\_\_\_ Future \_\_\_\_\_

**IS THIS SAMPLE FOR:**

- Diagnosis of problem of existing crop/plant
- Advice for a future planting
- Experimental data

**SYMPTOMS:** Circle terms which describe the crop.

Plant - wilted, stunted, yellow, decline, dead

Root - galls, stunted roots, root rot, pod rot

**SITUATION** (✓)  Commercial,  Residential,  Public

**CIRCLE ONE OF THE FOLLOWING:** Field, Grove, Nursery,

Golf Course, Lawn, Garden, Park, Playing Field,

Landscaping, Containerized/Interior Ornamental,

Other \_\_\_\_\_

**MAIN SOIL TYPE** (✓)  Sand  Clay  Muck  Artificial Mix  Marl

Size of crop area \_\_\_\_\_

Recent nematicide use, prior history of nematodes, other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sample Status:  Paid  IFAS Service  Other (explain) \_\_\_\_\_

Lab Sample No. \_\_\_\_\_ Date Received \_\_\_\_\_ Date Assay Completed \_\_\_\_\_

