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| University of Arkansas System Division of Agriculture Research and Extension | | | | | | | | | | | | Nematode Sampling Submission Form | | | | | | | | | | | | | | AGRI-483  Revised  9-29-17 | | |
| Arkansas Nematode Diagnostic Laboratory, 362 Highway 174 North, Hope Arkansas, AR 71801  (870) 777-9702, Ext. 128 | | | | | | | | | | | | | |
|  | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |
| **Instructions: Form is for local use only. Information should be entered into the DDDI online as usual (http://dddi.org/ua). Required fields are marked with an asterisk (\*).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Grower Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Address, City, State, Zip | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grower E-mail | | | | |  | | | | | | | | | \*Phone | | |  | | | | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*County in which sample was taken | | | | | | | |  | | | | | | | | \*Date Sampled | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPS Coordinates: | | | | | | | | | | | Longitude | | |  | | Latitude | | | |  | | Acreage | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Field Name, No., or ID | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Previous/Current Crop | | | | | |  | | | | | | | | | | Next Crop | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Type of Assay (check one): *Custom Assays are available upon request. Call for pricing.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General** for all crops ($10) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Out-of-State General** ($15) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Soybean** for fields currently in or to be planted in soybean next season ($25) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Out-of-State Soybean** ($30) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Pinewood** for pine or cedar samples to be certified free of the pinewood nematode ($30) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rice Grain-Certified** for rice grain to be certified free of the white tip nematode ($75) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Turf** for golf course, commercial, and home lawn samples ($15) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nursery** for nursery stock to be sold outside of Arkansas ($30) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | |  | | | | | | | | | | | | |
| County Agent | | |  | | | | | | | | | County | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submitted by (To be filled in only if submitted by someone other than grower or county agent)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Business/Agency | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| E-mail | |  | | | | | | | | | | Phone | |  | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*I prefer results be sent as (check one):  Excel Spreadsheet  PDF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*Payment Information (check one): | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Check enclosed (preferred method) **Make check payable to: University of Arkansas** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Agent/Specialist Request (pre-approval required) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Please bill (check one AND provide full mailing or email address in the space below unless listed above) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Grower  Submitter  Third Party  Cost Center or Fund Org | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Contact Info for Invoicing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR LAB USE ONLY. DO NOT WRITE IN THE AREA BELOW.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | |
| Lab ID No. | | | | | |  | | | | | | | | | | | | | | Date Received | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCN Juv. | | | | SCN Eggs | | | Dagger | | | Lance | | | Lesion | | Ring | | | | Reniform | | | Spiral | | | | Stubby-root | | |
|  | | | |  | | |  | | |  | | |  | |  | | | |  | | |  | | | |  | | |
| Stunt | | | | Root-knot | | | Sting | | | Pinewood | | | White tip | |  | | | |  | | |  | | | |  | | |
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