

**Arkansas Nematode Diagnostic Laboratory**  
Southwest Research and Extension Center  
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## Nematode Assay Form

Lab Number: \_\_\_\_\_

Date Rcvd: \_\_\_\_\_

**GROWER (One grower per form only)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

COUNTY of Extension Office: \_\_\_\_\_

COUNTY in which sample was collected: \_\_\_\_\_

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

GPS COORDINATES \_\_\_\_\_

FIELD NAME \_\_\_\_\_

**IS THIS SAMPLE FOR:**

- Diagnosis of problem of existing crop/plant
- Planning for future planting
- Experimental data (no diagnosis, counts only)

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

Present Crop \_\_\_\_\_ Age \_\_\_\_\_ (growth stage, maturity)

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

**MAIN SOIL TYPE** (✓):  Sand  Clay  Mix  Artificial  other \_\_\_\_\_

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

**SUBMITTER (If different from grower)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Send Results To:  Client  Submitter  Other \_\_\_\_\_

Additional email \_\_\_\_\_

If **multiple** samples for this grower you may list them on the back ➡

**Bill to:**

- Grower  Submitter  3rd Party: \_\_\_\_\_
- Internal/Workday Acct #: \_\_\_\_\_
- Check Enclosed: \_\_\_\_\_ Check payable to University of Arkansas

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Choose method(s) as needed	Examples	In state	Out of state
<input type="checkbox"/> Soil	<i>cotton, soybean, garden</i>	\$15	\$20
<input type="checkbox"/> Soil + Roots	<i>turf/lawn, corn, brambles</i>	\$30	\$40
<input type="checkbox"/> Egg extraction	<i>soybean cyst</i>	\$15	\$20
<input type="checkbox"/> Regulatory	<i>pinewood, nursery, garlic</i>	\$30	\$40
<input type="checkbox"/> Custom assay	<i>by request</i>	call	call

