

Standard Nematode Analysis Form

**Michigan State University
Plant & Pest Diagnostics**

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Lab Use Only

Case # _____
Date received _____
Amount paid _____
Check/receipt # _____
Diagnostic fee _____

Submitter

Name _____
Business _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
Email address* _____
* Results will be sent via email. If you prefer a hard copy, check here
Send results to Submitter Grower/Other

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 _____ No. Acres _____ Previous Crops:
Present Crop _____ Future Crop _____ Year _____ Crop _____
County _____ Year _____ Crop _____

Analysis Requested (Invoice will be generated upon sample completion, no pre-payment needed):

- Soil and Root Plant Parasitic Analysis (\$25/sample) *Verticillium dahliae* Analysis (potato soil/stem only):
- Foliar or Garlic Bloat Analysis (\$25/sample) Wet-sieving (\$25/sample)
- Mini SCN Type Test (\$75/sample)
- Full SCN Type Test (\$120/sample)
- Nematode Trophic Composition (\$50/sample) *Please note, out-of-state samples are charged double.

Sample Results (For Office Use Only)

Nematodes	Soil ¹	Roots/Tissue 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			

Diagnosis and Recommendations:

MSU Diagnostician

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