

Standard Nematode Analysis Form

**Michigan State University
Diagnostic Services**

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www.pestid.msu.edu



Lab Use Only	
Case No.	_____
Date Received	_____
Amount Paid	_____
Check/Receipt No.	_____
Account No.	_____
Diagnostic Fee	_____

Grower Information

Name _____
Business _____
Street _____
City _____ State _____
Zip _____ Telephone _____
E-mail Address _____

Consultant/MSUE/Other

Name _____
Business _____
Street _____
City _____ State _____
Zip _____ Telephone _____
E-mail Address _____

Send Results To: Grower Consultant MSUE Other **Invoice:** Grower Consultant MSUE Other

Sample Information:

Field ID _____	No. Acres _____	Previous Crops:
Present Crop _____	Future Crop _____	Year _____ Crop _____
Number of Samples _____	County _____	Year _____ Crop _____

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

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Soil and Root Analysis (\$25/sample)
<input type="checkbox"/> Nematode Community Structure Analysis (\$50/sample)
<input type="checkbox"/> Foliar Nematode Analysis (\$25/sample)
<input type="checkbox"/> Species Identification (\$50/sample)
<input type="checkbox"/> Mini SCN Type Test (\$40/sample)
<input type="checkbox"/> Full SCN Type Test (\$75/sample) | <i>Verticillium dahliae</i> Analysis (potato soil/stem only):
<input type="checkbox"/> Wet-sieving (\$25/sample) <input type="checkbox"/> Dilution (\$20/sample)
<input type="checkbox"/> Both (\$40/sample) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Out of state fees double for North Central NPDN region and triple for out of North Central NPDN region

Sample Results (For Office Use Only)

Nematodes	Soil ¹	Roots ²	Risk ³
Cyst <input type="checkbox"/> Soybean	Cysts		
Cyst <input type="checkbox"/> Sugarbeet	Eggs	J2s	
Cyst <input type="checkbox"/> Clover	J2s	Males	
Cyst <input type="checkbox"/> Other	Total		
Lesion			
Root-knot			
Lance			
Dagger			
Needle			
Spiral			
Stunt			
Pin			
Ring			
Other			
Other			

Diagnosis and Recommendations:

¹Number per 100 cm³ soil

²Number per 1.0 gram root tissue (if provided)

³Risk Ratings: 0 = none; 1 = low; 2 = moderate; 3 = high

MSU Diagnostician