UNIVERSITY OF ILLINOIS

Plant Clinic

UNIVERSITY OF ILLINOIS EXTENSION

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Nematology Sample Submission Form

OFFICE USE ONLY

Sample Set ID _____

Date Received _____

Date Paid _____

Payment _____

_____

Submitter _____

Company _____

Address _____

Phone (_____)_____

Email _____

Check the test or tests that you would like us to perform.

☐ Nematode Identification ($20) ☐ SCN Egg Count ($20) ☐ Vermiform (Corn) Nematode Count ($40)

☐ SCN Type Test ($50) ☐ Full HG Type Test ($100) ☐ Other _____

Your Sample # or Sample Label	Plant Clinic Sample ID #	Soil Type	Present Crop	Previous Crop	Crop 2 Years Ago	Next Crop

Submission Observations:

Date Sample Collected _____ Date Sample Submitted _____

No. of Acres Sampled _____ County Sampled From _____

Weather Conditions Prior to Sample _____

Chemicals Applied This Year _____

Describe overall pattern of affected plants in the field, nursery or landscaped area: _____

_____

_____

Other Comments: _____

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