

UNIVERSITY OF ILLINOIS Plant Clinic



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Nematology Submission Form

OFFICE USE ONLY

Sample Set ID _____

Sample Name/Field ID _____

County/State of Origin _____

Date Sample Collected _____

Date Sample Submitted _____

Send Report to:

Name _____

Company _____

Address _____

Phone _____

Email _____

Send Invoice to:

Name _____

Company _____

Address _____

Phone _____

Email _____

Service Requested

- SCN Egg Count (\$25)
 Vermiform Nematode ID & Count (\$45)
 SCN Type Test (\$60)
 Corn Nematode ID & Count (\$45)
 Pine, Foliar, or Stem Nematode ID (\$25)
 Hg Type Test (\$120)
 Other _____ *Please call before shipping samples to arrange for services not listed*

Please call ahead if you are sending more than twenty samples at a time.

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

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