



Sample Lab No # (to be filled in by clinic): _____

NEMATODE DIAGNOSTIC LAB CHECK SHEET

Please Complete All Sections of this Form

Requested Analysis and Cost:

- | | | | |
|--|---------|---|----------|
| <input type="checkbox"/> Plant Leaf (ID service) | \$13.33 | <input type="checkbox"/> ID service&Nematode counts | \$21.76 |
| <input type="checkbox"/> Plant Root (ID service) | \$18.38 | <input type="checkbox"/> ID&Nematode counts | \$47.89 |
| <input type="checkbox"/> 1 Soil (ID service) | \$29.34 | <input type="checkbox"/> ID service&Nematode counts | \$115.31 |
| <input type="checkbox"/> 4 Soil Samples (ID service) | \$81.58 | | |

Grower: _____ Submitted by: _____

Address: _____

Phone: _____ Email: _____

Location of sample collected: _____
(town) (county) (farm)

Date of sample collection: _____

Field identity: _____ # of acres per sample: _____

| | | |
|-------------------------------|------------------|-------------------------------------|
| Sample type: | Crop History: | Previous nematode occurrence: _____ |
| <input type="checkbox"/> Soil | Present _____ | Current soil treatment: _____ |
| <input type="checkbox"/> Leaf | Intended _____ | Date: _____ Rate/Acre: _____ |
| <input type="checkbox"/> Root | Last year _____ | Application method: _____ |
| | 2Years ago _____ | |

Location:

- Field
- Golf course
- Orchard
- Lawn
- Vineyard
- Nursery
- Landscape
- Garden
- Greenhouse
- Sod farm

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Nematode Analysis Report

Date Received: _____ Date Processed: _____ Sample Condition: _____

Sample Lab No.: _____ Counted By: _____ Date: _____

Signature _____

Ph: 814/865-0717

Email: nematodelab@psu.edu

| Common Name | Genus | Nematodes present in 100cc of soil | Remarks |
|---------------|------------------------------|------------------------------------|---------|
| Root-Knot | <i>Meloidogyne spp.</i> | | |
| Cyst (larvae) | <i>Heterodera spp.</i> | | |
| Root-Lesion | <i>Pratylenchus spp.</i> | | |
| Stubby Root | <i>Trichodorus spp.</i> | | |
| Stunt | <i>Tylenchorhynchus spp.</i> | | |
| Spiral | <i>Helicotylenchus spp.</i> | | |
| Pin | <i>Paratylenchus spp.</i> | | |
| Dagger | <i>Xiphinema spp.</i> | | |
| Stem | <i>Ditylenchus spp.</i> | | |
| Ring | <i>Mesocriconema spp.</i> | | |
| Sheath | <i>Hemicycliophora spp.</i> | | |
| | | | |
| Other | | | |
| Cysts | <i>Heterodera spp.</i> | | |
| Viable | | | |
| Empty | | | |
| Eggs | | | |

Additional Lab Notes

NOTE: FAILURE TO DETECT A NEMATODE SPECIES IN A SAMPLE IS NOT PROOF FIELD IS FREE.

Check payment must accompany all samples. Alternatively, sample processing fees can be paid by credit card using the following link: <https://???> A 2.2% processing fee will be applied to each sample.