

GROWER NAME (please print)

# NEMATODE ASSAY INFORMATION

(continuation sheet)



PAGE NUMBER

**FIELD HISTORY**

SERIAL #	LAB NUMBER (leave blank)	SAMPLE ID	CROP TO BE GROWN (list an alternative crop, if you desire)		CROP LAST YEAR (if double cropped, list both crops)		CROP BEFORE LAST YEAR	FIELD SIZE (acres)	NEMATICIDE APPLIED LAST YEAR	SOIL TYPE
			Crop	Variety	Crop	Variety				
			1st		1st					
			2nd		2nd		Comments			
			1st		1st					
			2nd		2nd		Comments			
			1st		1st					
			2nd		2nd		Comments			
			1st		1st					
			2nd		2nd		Comments			
			1st		1st					
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			1st		1st					
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			1st		1st					
			2nd		2nd		Comments			

