

GROWER NAME (please print)

NEMATODE PROBLEM-DIAGNOSIS INFORMATION *(continuation sheet)*



PAGE NUMBER

FIELD HISTORY

SERIAL #	LAB NUMBER (leave blank)	SAMPLE ID	CURRENT CROP (include variety if known)	DATE PLANTED	CROP LAST YEAR (include variety if known)	NEMATOCIDE APPLIED LAST YEAR	SOIL TYPE	PLANT APPEARANCE				SYMPTOM DISTRIBUTION	
								Normal	Stunted	Yellow	Dead	Entire Field	Patches
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			Comments					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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