GROWER NAME (please print)

NEMATODE PROBLEM-DIAGNOSIS INFORMATION *(continuation form)*

PAGE NUMBER

FIELD HISTORY

Serial #	LAB NUMBER (leave blank)	SAMPLE ID (5 characters only)	CURRENT CROP (include variety, if known)	CROP LAST YEAR (include variety, if known)	NEMATICIDE APPLIED LAST YEAR	SOIL TYPE	PLANT APPEARANCE (check any that apply)				SYMPTOM DISTRIBUTION	
							Normal	Stunted	Yellow	Dead	Field	Patches

Thank you for using agronomic services to manage nutrients and safeguard environmental quality. — Steve Troxler, Commissioner of Agriculture

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