GROWER NAME (please print)

NEMATODE PROBLEM-DIAGNOSIS INFORMATION *(continuation form AD5+)*

PAGE NUMBER

Serial #	**LAB NUMBER** (leave blank)	**SAMPLE ID**	**CURRENT CROP** (include variety, if known)	**CROP LAST YEAR** (include variety, if known)	**NEMATICIDE APPLIED LAST YEAR**	**SOIL TYPE**	**PLANT APPEARANCE**				**SYMPTOM DISTRIBUTION**	
							Normal	Stunted	Yellow	Dead	Entire	Patches

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