GROWER NAME (please print)

NEMATODE ASSAY INFORMATION

(continuation form AD3+)

PAGE NUMBER

Serial #	LAB NUMBER (leave blank)	SAMPLE ID	CROP TO BE GROWN (list an alternative crop, if you desire)				CROP GROWN LAST YEAR		CROP *before* LAST YEAR	FIELD ACRES	NEMATICIDE APPLIED LAST YEAR	SOIL TYPE
			1st Choice	Variety	Alternate	Variety	Crop	Variety				

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