NEMATODE ASSAY — DIAGNOSTIC CONTINUATION PAGE

Farm ID:_____

Client: _____

**** REQUIRED***

Box #	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		Roots Included?
							Normal	Stunted	Yellow	Dead	Entire Field	Patches	