

# Nematode Assay Form<sup>1</sup>

Tesfamariam Mekete and William T. Crow<sup>2</sup>

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The [Nematode Assay Form](#) is the form that must accompany samples submitted to the UF/IFAS Nematode Assay Laboratory. This service is available to the public for a fee of \$20.00 for each sample from Florida and \$25 for each sample from outside of Florida. Florida Cooperative Extension personnel are not charged for samples when “trouble-shooting” plant growth problems.

The Nematode Assay Form is available in [writable pdf form](#). The form gives details about how to collect samples and what analyses will be performed. Please see “Florida Nematode Sampling Instructions” at <http://edis.ifas.ufl.edu/sr011>, for more information.

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1. This document is RFSR023 (SR023), one of a series of the Entomology and Nematology Department, UF/IFAS Extension. Original publication date: October 1998. Revised: March 2007. Reviewed: March 2012. Visit the EDIS website at <http://edis.ifas.ufl.edu>.
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## NEMATODE ASSAY FORM

Nematode Assay Laboratory  
P.O. Box 110820  
Building 970 Natural Area Drive  
University of Florida  
Gainesville, FL 32611-0620  
Phone: (352) 392-1994  
E-mail: [nemalab@ifas.ufl.edu](mailto:nemalab@ifas.ufl.edu)

**GROWER/OWNER NAME AND ADDRESS**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

COUNTY \_\_\_\_\_ EXT AGENT \_\_\_\_\_

DATE COLLECTED \_\_\_\_\_

**CONSULTANT, PEST CONTROL COMPANY, etc:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Send Results To:  Grower  Pest Control/Consultant

By:  Mail  E-mail  FAX

**Information Needed for Correct Interpretation of Assay Results:**

**IS THIS SAMPLE FOR:**

- Diagnosis of problem of existing crop/plant
- Advice for a future planting
- Experimental data

**PLANT/CROP** - species and variety if known:

Present \_\_\_\_\_ Age \_\_\_\_\_

Previous \_\_\_\_\_ Future \_\_\_\_\_

**SYMPTOMS:** (✓) terms which describe the crop

**Plant** -  wilted  stunted  yellow  decline  dead

**Root** -  galls  stunted roots  root rot  pod rot

**SITUATION** (✓):  Commercial  Residential  Public

(✓) **ONE OF THE FOLLOWING:**

- Field  Grove  Nursery  Golf Course  Lawn  Garden  Park  Playing Field  Landscaping
- Containerized/Interior Ornamental  Other \_\_\_\_\_

**MAIN SOIL TYPE** (✓):  Sand  Clay  Muck  Artificial Mix  Marl

Size of crop area \_\_\_\_\_

Recent nematicide use, prior history of nematodes, other pertinent information

Lab Sample No. \_\_\_\_\_ Date Received \_\_\_\_\_

Sample Status:  Paid  IFAS Service  Other (explain) \_\_\_\_\_

**List Multiple Samples Here**

| <p align="center"><b>Grower Identification</b></p> <p><i>Examples:</i> Fairway 1<br/>Soccer Field<br/>Front Yard</p> | <p align="center"><b>Plant/Crop<br/>(Species &amp; Variety)</b></p> <p><i>Examples:</i> Petunia - Purple Haze<br/>St. Augustine - Floratam<br/>Corn - Silver Queen</p> | <p align="center"><b>Lab Sample #</b></p> <p align="center">(Lab Use Only)</p> |
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