

Nematode Assay Form¹

Tesfamariam Mekete and William T. Crow²

A [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 \$25 for each sample from Florida and \$35 for each sample from outside of Florida. UF/IFAS Extension personnel are not charged for samples when “trouble-shooting” plant growth problems.

The Nematode Assay Forms are available in [writable pdf form](#). The forms give details about how to collect samples and what analyses will be performed.

-
1. This document is RFSR023, one of a series of the Department of Entomology and Nematology, UF/IFAS Extension. Original publication date October 1998. Revised March 2007 and July 2015. Reviewed September 2017. Visit the EDIS website at <http://edis.ifas.ufl.edu>.
 2. Tesfamariam Mengistu Mekete, assistant Extension scientist; and William T. Crow, professor of nematology, Department of Entomology and Nematology; UF/IFAS Extension, Gainesville, FL 32611.

The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. For more information on obtaining other UF/IFAS Extension publications, contact your county's UF/IFAS Extension office.

U.S. Department of Agriculture, UF/IFAS Extension Service, University of Florida, IFAS, Florida A & M University Cooperative Extension Program, and Boards of County Commissioners Cooperating. Nick T. Place, dean for UF/IFAS Extension.

TURF NEMATODE ASSAY FORM

CLIENT

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
E-mail _____

COUNTY _____ EXT AGENT _____

SUBMITTER

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
Email _____

Send Results To: Client Submitter

DATE COLLECTED _____

Signature _____

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 future planting
- Experimental data

TURF - 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

SITUATION (✓): Commercial Residential Public

(✓) ONE OF THE FOLLOWING:

- Sod Farm Golf Course Lawn Park Playing Field
- 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) _____



PAYMENT INFORMATION

(this portion of the form will be detached and shredded after transaction is approved; we do not keep this information on file)

Credit card number: _____ CVV: _____

Name as it appears on card: _____

Expiration date (mm/yy): _____

***Center staff only* NAL #:** _____

Florida: \$25 per sample
Outside of Florida: \$35 per sample (soil or mist)
Both soil and mist is double.
Please make checks payable to University of Florida

Amount: \$ _____

NON-TURF NEMATODE ASSAY FORM

CLIENT

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
E-mail _____

COUNTY _____ EXT AGENT _____

DATE COLLECTED _____

Signature _____

SUBMITTER

Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____
Email _____

Send Results To: Client Submitter

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 future planting
- Experimental data

SERVICE TYPE

- Soil
- Root
- Soil and root
- Species ID

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 Garden 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) _____



PAYMENT INFORMATION

(this portion of the form will be detached and shredded after transaction is approved; we do not keep this information on file)

Credit card number: _____ CVV: _____

Name as it appears on card: _____

Expiration date (mm/yy): _____

***Center staff only* NAL #:** _____

Amount: \$ _____

Florida: \$25 per sample
Outside of Florida: \$35 per sample (soil or mist)
Both soil and mist is double.
Please make checks payable to University of Florida

