

# Standard Nematode Analysis Form

**Michigan State University  
Plant & Pest Diagnostics**

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**Lab Use Only**

Case # \_\_\_\_\_  
Date received \_\_\_\_\_  
Amount paid \_\_\_\_\_  
Check/receipt # \_\_\_\_\_  
Diagnostic fee \_\_\_\_\_

**Submitter**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address\* \_\_\_\_\_  
\* Results will be sent via email. If you prefer a hard copy, check here   
**Send results to**  Submitter  Grower/Other

**Grower/Other (if applicable)**

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Email address \_\_\_\_\_  
**Send invoice to**  Submitter  Grower/Other  
**Invoice preference**  Email  Mailed hard copy  
**MSU account #** \_\_\_\_\_

**Sample Information:**

Field ID \_\_\_\_\_ No. Acres \_\_\_\_\_ Previous Crops:  
Present Crop \_\_\_\_\_ Future Crop \_\_\_\_\_ Year \_\_\_\_\_ Crop \_\_\_\_\_  
County \_\_\_\_\_ Year \_\_\_\_\_ Crop \_\_\_\_\_

**Analysis Requested (Invoice will be generated upon sample completion, no pre-payment needed):**

- Soil and Root Plant Parasitic Analysis (\$25/sample) *Verticillium dahliae* Analysis (potato soil/stem only):
- Foliar or Garlic Bloat Analysis (\$25/sample)  Wet-sieving (\$25/sample)
- Mini SCN Type Test (\$40/sample)
- Full SCN Type Test (\$75/sample)
- Nematode Trophic Composition (\$50/sample) \*Please note, out-of-state samples are charged double.

**Sample Results (For Office Use Only)**

Nematodes	Soil <sup>1</sup>	Roots <sup>2</sup>	Risk
Cyst <input type="checkbox"/> Soybean	Cysts	J2s	
Cyst <input type="checkbox"/> Sugar beet	Eggs	Males	
Cyst <input type="checkbox"/> Clover	J2s		
Cyst <input type="checkbox"/> Other	Total		
Lesion			
Root-knot			
Lance			
Dagger			
Needle			
Spiral			
Stunt			
Pin			
Ring			
Other			
Other			

**Diagnosis and Recommendations:**

\_\_\_\_\_

MSU Diagnostician

<sup>1</sup>Number per 100 cm<sup>3</sup> soil  
<sup>2</sup>Number per 1.0 gram root tissue (if provided)