

# Standard Nematode Analysis Form

**Michigan State University**  
**Plant & Pest Diagnostics**  
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**Lab Use Only**  
 Case No. \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Check/Receipt No. \_\_\_\_\_  
 Diagnostic Fee \_\_\_\_\_

## Grower/Client

## Consultant/MSUE/Other

Name \_\_\_\_\_  
 Business \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
 Business \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Send Results To:**  Grower  Consultant  MSUE  Other **Invoice:**  Grower  Consultant  MSUE  Other  
**MSU account #** \_\_\_\_\_

**Sample Information:**

Field ID _____	No. Acres _____	Previous Crops:
Present Crop _____	Future Crop _____	Year _____ Crop _____
Number of Samples _____	County _____	Year _____ Crop _____

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

- |   |  |
|---|--|
| <input type="checkbox"/> Soil and Root Analysis (\$25/sample)<br><input type="checkbox"/> Nematode Community Structure Analysis (\$50/sample)<br><input type="checkbox"/> Foliar Nematode Analysis (\$25/sample)<br><input type="checkbox"/> Species Identification (\$50/sample)<br><input type="checkbox"/> Mini SCN Type Test (\$40/sample)<br><input type="checkbox"/> Full SCN Type Test (\$75/sample) | <i>Verticillium dahliae</i> Analysis (potato soil/stem only):<br><input type="checkbox"/> Wet-sieving (\$25/sample) <input type="checkbox"/> Dilution (\$20/sample)<br><input type="checkbox"/> Both (\$40/sample) |
|---|--|

\*Out of state fees double for North Central NPDPN region and triple for out of North Central NPDPN region

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

Nematodes Soil<sup>1</sup> Roots<sup>2</sup> Risk<sup>3</sup> Diagnosis and Recommendations:

	Soil <sup>1</sup>	Roots <sup>2</sup>	Risk <sup>3</sup>
Cyst <input type="checkbox"/> Soybean	Cysts		
Cyst <input type="checkbox"/> Sugarbeet	Eggs	J2s	
Cyst <input type="checkbox"/> Clover	J2s	Males	
Cyst <input type="checkbox"/> Other	Total		
Lesion			
Root-knot			
Lance			
Dagger			
Needle			
Spiral			
Stunt			
Pin			
Ring			
Other			
Other			

<sup>1</sup>Number per 100 cm<sup>3</sup> soil  
<sup>2</sup>Number per 1.0 gram root tissue (if provided)  
<sup>3</sup>Risk Ratings: 0 = none; 1 = low; 2 = moderate; 3 = high

\_\_\_\_\_  
 MSU Diagnostician