

Soybean Cyst Nematode Sample Submission Form

Mail samples to: MSU Extension Plant Diagnostic Lab 190 Bost North, Rm. 09, Box 9612 Mississippi State, MS 39762

Mississippi State, MS 39762

Lab Use Only Lab ID#s

E	EXTENS	ION	Phone	: 662-325-2146	FAX:	662-325-8336 http://extension.msstate.edu/lab					
Submitter Contact Information						Grower Contact Information (if different from submitter)					
Name:						Name:					
Company nam	e (if commercial):				Company n	ame (if commercial):				
		/									
City:		County:	State/Zip:			City:		County:	State/Zi	p:	
		FAX:							FAX:		
						Email:					
Submitter is	☐ MSU Exter ☐ Nursery/gre ☐ Other	nsion	eral agent U	niversity research		Grower is	☐ Nursery/greenhou☐ Other		☐ Consultant ☐ State/Federal agent	☐ University research	
Send results to	o: Submitte	er Grower Send results via:	☐ Email	☐ Standard mail	□ FAX		end copy to Extension a	gent			
		is being subsidized by the United Soybea							ty toot		
Date sampled: County/State samples collected from:											
Lab stamp	Soil cc	Sample name	Soil type*	Current/ most recent cro	p	Futur	e crop	Alternate	e future crop	Lab Use Only Date received	
1		1	31	1	1		1		1	Date received	
										Database no.	
										Test:	
										□ Elutriator	
										☐ Hand	
										□ BPI Cert.	
										Ck #	
										Amt	

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^{*}Soil types: light (sand), medium (loam), heavy (clay)