

NEMATODE ASSAY INFORMATION for PHYTOSANITARY CERTIFICATION

**FOR USE BY NCDA&CS
PLANT INDUSTRY ONLY**

Submit on pink paper ONLY.

NCDA&CS Agronomic Division — Nematode Assay Section
 Contact: Dr. Weimin Ye (Weimin.Ye@ncagr.gov)
 Mailing Address: 1040 Mail Service Center, Raleigh NC 27699-1040
 Physical Address (UPS/FedEx): 4300 Reedy Creek Road, Raleigh NC 27607
 Phone: (919) 733-2655 Web Address: www.ncagr.gov/agronomi

FOR OFFICE USE ONLY
 REPORT # _____
 DATE REC'D _____
 INITIAL _____



SAMPLE INFORMATION	PAYMENT	EXPORTER INFORMATION <i>(please print)</i>	PLANT INDUSTRY SPECIALIST INFORMATION
FIELD ID (up to 16 characters)	\$6 PER FIELD SAMPLE FEE TOTAL _____ METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <i>(payable to NCDA&CS)</i> <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> ESCROW <i>(provide account name below)</i>	LAST NAME _____ FIRST NAME _____	LAST NAME _____ FIRST NAME _____
SAMPLED BY <input checked="" type="checkbox"/> Advisor		NURSERY NAME _____	ADDRESS NCDA&CS Plant Industry Division 1060 Mail Service Center
SAMPLE DATE _____		ADDRESS _____	CITY _____ STATE _____ ZIP _____
COUNTY <i>(where collected)</i> _____		CITY _____ STATE _____ ZIP _____	CITY Raleigh STATE NC ZIP 27699-1060
NUMBER OF SAMPLES _____		PHONE _____ (____) _____ - _____	E-MAIL ADDRESS _____
		E-MAIL ADDRESS _____ <input checked="" type="checkbox"/> Do Not notify me when report is available.	

Unless indicated otherwise, results of all Field Samples submitted on this & any attached forms may be combined. **NO, DO NOT COMBINE.**

CERTIFICATION TYPE: CANADA (Soybean cyst) CALIF. / ARIZ. (Reniform/burrowing) OTHER (specify): _____

FOR: One-time nursery shipment Part of nursery Whole nursery Houseplants Other: _____

Content of sample(s): soil sand bark peat vermiculite/perlite "bagged potting mix" peanut shells other: _____

Please call or e-mail Dr. Ye before submitting samples. Also FAX a copy of this form to Dr. Sue Spencer (FAX: 919-733-1041).

SERIAL #	LAB ID (leave blank)	FIELD SAMPLE # (up to 3 characters)				CURRENT CROP
1				A		
2				B		
3				A		
4				B		
5				A		
6				B		
7				A		
8				B		
9				A		
10				B		

SERIAL #	LAB ID (leave blank)	FIELD SAMPLE # (up to 3 characters)				CURRENT CROP
11				A		
12				B		
13				A		
14				B		
15				A		
16				B		
17				A		
18				B		
19				A		
20				B		

SERIAL #	LAB ID (leave blank)	FIELD SAMPLE # (up to 3 characters)				CURRENT CROP
21				A		
22				B		
23				A		
24				B		
25				A		
26				B		
27				A		
28				B		
29				A		
30				B		

Attach additional form(s) if more than 15 FIELD SAMPLES are submitted.