GROWER NAME (please print)

NEMATODE ASSAY INFORMATION

(continuation form AD-3+)

PAGE NUMBER

FIELD HISTORY

Serial #	LAB NUMBER (leave blank)	SAMPLE ID	CROP TO BE GROWN (list an alternative crop, if you desire)				CROP GROWN LAST YEAR		CROP *before* LAST YEAR	FIELD ACRES	NEMATICIDE APPLIED (last year)	SOIL TYPE
			1st Choice	Variety	Alternate	Variety	Crop	Variety				

Thank you for using agronomic services to manage nutrients and safeguard environmental quality. — Steve Troxler, Commissioner of Agriculture

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