

Valley Laboratory

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NEMATODE SAMPLE SUBMISSION FORM

Grower Contact	Information			
Name:				
Address:				
City, State, Zip: Phone:				
Email*:				
	*Results will be emailed			
Grower category:	☐ Farmer ☐ Golf course	☐ Consultant e ☐ Nursery/ G		☐ State/Federal Agent☐ Other:
Submitter Con	tact Information [If different from Growe	er]	
Name:				
Address:				
City, State, Zip:				
Phone: Email°:				_
LIIIaii .	°Include email if you wish to receive a copy			
	,			
Submitter categ		Farmer		☐ State/Federal Agent
	☐ Golf course	e 🗆 Nursery/ G	reenhouse	☐ Other:
Date Sampled:				
Sample type:	□ Soil □ Root	ss Shoots/Stems	☐ Leaves	☐ Bulbs
Site sampled:	☐ Field ☐ Golf course	☐ Greenhouse ☐ Nursery		Orchard Other:
Problem descrip	otion/comments:			