Midwest Laboratories, Inc.
13611 B Street, Omaha, NE 68144
402-334-7770

PLANT PARASITIC NEMATODE SUBMITTAL FORM

Account Number:

REPORT & BILL TO	
Name:	
Address:	
City/State:	ZIP:
Phone:	FAX:
Email:	

IDENTIFICATION

COPY TO	
Name:	
Address:	
	ZIP:
Email:	

TEST DESIRED	SAMPLE ID	SAMPLE DEPTH	INTENDED CROP	PREVIOUS CROP 1	PREVIOUS CROP 2	PREVIOUS CROP 3	COMMENTS
☐ Plant Parasitic Nematode (Please include root tissue example with soil) ☐ Cyst Egg Count	State: County: _____						
☐ Plant Parasitic Nematode (Please include root tissue example with soil) ☐ Cyst Egg Count	State: _____ County: _____						
☐ Plant Parasitic Nematode (Please include root tissue example with soil) ☐ Cyst Egg Count	State: _____ County: _____						
☐ Plant Parasitic Nematode (Please include root tissue example with soil) ☐ Cyst Egg Count	State: _____ County: _____						
☐ Plant Parasitic Nematode (Please include root tissue example with soil) ☐ Cyst Egg Count	State: _____ County: _____						

For questions, contact George Nelsen at (402) 829-9868.

RC FORM 22 V.1 - Effective 8.29.2017

***In the absence of specific instructions to the contrary, Midwest Laboratories will analyze your sample(s) using accredited test methods (when available) .**