

UW/WSMB Nematode Soil Sample Information Form

Please read these instructions
 Complete this form and mail with your soil sample.
 One sample form must accompany each soil sample.
 All samples must have a grower name and address.

Please write legibly and provide as much information as available

Send Results to: Grower Submitter Both

Submitter Contact Information

Business _____
Submitter Name _____
Submitter Email _____

Grower Information

Grower Email _____
Farm Name _____
Grower Name _____
Address _____
City, State, Zip _____
County _____
Phone _____

**UW Sample
Kit Number**

**Submit samples and this form
using the postage-paid envelope
to:**

Pest Pros
 P.O. Box 188
 Plainfield, WI 54966-0188

Field Information

County location of field (required) _____	Latitude of field _____
Township of field _____	Longitude of field _____
2017 crop _____	2018 crop _____
Field name or number (use actual field number if available) _____	

Soil Texture Sand Sandy Loam Silt Loam Loam Clay Clay Loam

Has this field ever been tested for presence of SCN? Yes No

Do you suspect SCN to be present in this field? Yes No

Special notes about this field or sample _____

This nematode testing kit is provided to you by

UW Department of Agronomy
 1575 Linden Drive
 Madison, WI 53706
 608-220-2693
 www.coolbean.info
 freescntest@mailplus.wisc.edu



Lab results provided by:



WI Soybean Marketing Board
 4414 Regent St., Suite 204
 Madison, WI 53705
 608-274-7522

