

Nematology Submission Form

OFFICE USE ONLY
Sample Set ID _____

Sample Name/Field ID _____ County _____ State KY

Date Sample Collected _____ Date Sample Submitted _____

Send Report to:

Dr. Carl Bradley
 University of Kentucky
 1205 Hopkinsville St.
 Princeton, KY 42445
 carl.bradley@uky.edu
 Tel: 859-562-1306

Send invoice to:

Kentucky Soybean Board
 PO Box 30
 Princeton, KY 42445
 dellis@kysoy.org
 Tel: 270-365-7214

County Agent/Staff Name: _____ Email Address: _____

Service Requested: SCN Egg Count (\$25 – Paid for by the Kentucky Soybean Board)

Your Sample # or Name	Client's / Farmer's name	Plant Clinic Sample ID #	Present Crop	Previous Crop	Next Crop

Send samples to: University of Illinois Plant Clinic, S-417 Turner Hall, 1102 S. Goodwin Ave., Urbana, IL 61801
 Tel: 217-333-0519

USE THIS FORM ONLY FOR KY SOYBEAN BOARD – FUNDED TESTING