

WOODFORD PATHOLOGY LABORATORY

NEMATODE ASSAY REQUEST FORM

Extension / Productivity Officer details:

Contact person:		Organisation:	
Office of origin:		Phone:	
Email:		Fax:	

Grower / Site name:		Farm Number:	
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Pricing (please ✓ one box):

<input type="checkbox"/>	SRA levy payers (\$50.00 + GST/assay)
<input type="checkbox"/>	SRA non-levy payers (\$100.00 + GST/assay)
<input type="checkbox"/>	SRA staff (\$50.00/assay (project code required))

Charge to (Tick one option only/enter details):

<input type="checkbox"/>	SRA project code:				
<input type="checkbox"/>	Business (Name):				
<input type="checkbox"/>	Grower's First name:		Last name:		
BUSINESS/ GROWER	Email address:			Telephone:	
	Postal address:		Post code:		Town/City:

Assay required (please ✓):

Minimum assay time Minimum soil required

<input type="checkbox"/>	Pathogenic nematodes (not free-living)	15 working days	300 g
<input type="checkbox"/>	Free-living nematodes	15 working days	300 g

Mill area:		Date sampled:	
Date samples sent:		Block number:	
Depth of sampling:		Soil type:	
GPS Coordinates: (decimal degrees)	S: - _ _ . _ _ _ _ _ E: _ _ _ . _ _ _ _ _		

Motive for testing: (Please select the relevant option)	
<input type="checkbox"/>	Selecting a suitably resistant variety for the following crop
<input type="checkbox"/>	Diagnosing the reason for poor crop yield

Soil sample taken from: (Please select the relevant option)							
<input type="checkbox"/>	Existing crop/old cane row (no tillage)						
	<table> <tr> <td>Current variety:</td> <td></td> <td>Crop class:</td> <td></td> <td>Previous variety:</td> <td></td> </tr> </table>	Current variety:		Crop class:		Previous variety:	
Current variety:		Crop class:		Previous variety:			
<input type="checkbox"/>	Fully or zonal tilled field						
	Previous variety:						

Please send this form to AssayLabWoodford@sugarresearch.com.au AND attach a copy directly to the sample

SRA office use only:	Date sample received:		Date result sent:	
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