

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):

SRA levy payers (\$50.00 + GST/assay)
 SRA non-levy payers (\$100.00 + GST/assay)
 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:		
<input type="checkbox"/> Business/ GROWER Email address:	Telephone:		
<input type="checkbox"/> Postal address:	Post code:	Town/City:	

Assay required (please):

Minimum assay time **Minimum soil required**

Pathogenic nematodes (not free-living) 15 working days 300 g
 Free-living nematodes 15 working days 300 g

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

Motive for testing: (Please select the relevant option)

Selecting a suitably resistant variety for the following crop
 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)	Current variety:	Crop class:	Previous variety:
<input type="checkbox"/> Fully or zonal tilled field			
<input type="checkbox"/> 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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