

CLEMSON[®]

U N I V E R S I T Y

NEMATODE ASSAY LABORATORY

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SAMPLE SUBMISSION FORM

Name/Company				
Mailing Address				
City		State and Zipcode		
Phone		County		
e-mail address		Billing account		
Date collected			FEEs FOR STANDARD ASSAY	
Date submitted		In-state samples	X \$ 20 =	
Agent/Submitter		Out-of-state samples	X \$ 30 =	
Agent/Submitter e-mail			Total =	
MAKE CHECKS PAYABLE TO CLEMSON UNIVERSITY				
Client type	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Research			
Sample purpose	<input type="checkbox"/> General Disease Identification <input type="checkbox"/> Regulatory Certification <input type="checkbox"/> Nursery Inspection			
Lab Number <i>(Lab Use Only)</i>	Grower sample identification <i>(max 20 characters)</i>	Soil Type	Crop/Host	Observations
		Sand Clay		

For samples with no crop listed, the report will automatically be Diagnostic.

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