


TESTING SUBMISSION FORM

Submitter	Grower <input type="checkbox"/> same as submitter
Name:	Name:
Company:	Company:
Farm:	Farm:
Address:	Address:
City, State, Zip:	City, State, Zip:
Cell Phone:	Cell Phone:
Phone:	Phone:
Fax:	Fax:
E-mail:	E-mail:

AGNEMA, LLC
 The Phytopathology Lab
 Molecular Diagnostics | Nematode Assay
350 Hills St, Suite 103
Richland, WA 99354
 Tel: (509) 255-3744
 Fax: (509) 288-4414
 Email: info@agnema.com
 Website: www.agnema.com



Report As > Email Fax Mail
Report To > Submitter Grower
Bill To > Submitter Grower

LAB ID (Lab Use Only)	Field ID	Depth	Crop		Comments
			Past/Present	Future	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				

Client ID: _____ **Date Submitted:** _____

Testing for:

Soil-borne Nematodes Nematodes
 Root-knot Species ID

Soil-Borne Fungal Diseases Verticillium
 Fusarium
 Pythium
 Phytophthora

Viral Diseases Grapevine Red Blotch Virus
 Grapevine Leafroll Virus
 Tobacco Ringspot Virus
 Tomato Ringspot Virus
 Little Cherry Virus
 Tobacco Rattle Virus

Other

Sampling Period In-Season
 Pre-Planting
 Pre-Fume/Treatment
 Post-Fume/Treatment