



NEMATOLOGY UNIT  
 BIOSYSTEMATICS DIVISION  
 PLANT PROTECTION RESEARCH INSTITUTE  
 Private Bag X134 Queenswood 0121

**ANALYSES OF SOIL/PLANT SAMPLES FOR NEMATODES**

Number of soil samples				Number of root/tuber samples			
Results to be send to:		Name: Address: Fax/telephone: E-mail address:					
Account to be send to:		Name: VAT NO Company Registration No. Postal Address: E-mail address:					
Sample taken on:							
Collected by:							
<b>Locality</b>							
Farm**/Nursery							
Nearest Town							
<b>Geo-reference</b>							
Previous crops		1	2	3			
Current crop		Cultivar/variety					
<b><u>Date planted</u></b>							
Rootstock				<b>Conventional tillage</b>		<b>Conservation tillage, please name tillage</b>	
Planned crop							
Any nematicides/biocides used? Please state name of nematicide/biocide							
Samples transported in an ice box		Yes		Analyse the:		Soil	Bulb/Tuber
		No		Roots	Leaves and stems	Seed	Seed pods
Here with I declare that all the information I supplied to the Nematology Unit is correct.							
Name		Signature				Date	

\*\* The registered farm name and not the business name