



902 13th Street North  
 P.O. Box 187  
 Benson, MN 56215  
 320-843-4109  
 FAX 320-843-2074

604 Highway 15 West  
 P.O. Box 510  
 Northwood, ND 58267  
 701-587-6010  
 FAX 701-587-6013

**SOYBEAN CYST  
 NEMATODE  
 INFORMATION  
 SHEET**

**INSTRUCTIONS**

*The soil submitted with this form will be tested for Soybean Cyst Nematode only.*

*Amount of Soil Needed: One pint or to fill line on soil bag.*

*For Nutrient Testing: Please submit a separate bag of soil and fill out the nutrient information sheet.*

Submitter

Account Number	Telephone Number
Name (Firm Submitting, Report and Invoice will be sent to this address)	
Address	
City, State, Zip Code	

Grower Name:	Date Sampled:	<b>DO NOT DRY OR GRIND</b>
Address:	County:	
Address:	Field ID:	<b>LABORATORY USE ONLY</b>
City, State, Zip Code:	Sample ID:	
	<input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite	

Grower Name:	Date Sampled:	<b>DO NOT DRY OR GRIND</b>
Address:	County:	
Address:	Field ID:	<b>LABORATORY USE ONLY</b>
City, State, Zip Code:	Sample ID:	
	<input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite	

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