



902 13th Street North
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 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:	DO NOT DRY OR GRIND	
Address:	County:		
Address:	Field ID:	LABORATORY USE ONLY	
City, State, Zip Code:	Sample ID: <input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite		
Grower Name:	Date Sampled:	DO NOT DRY OR GRIND	
Address:	County:		
Address:	Field ID:	LABORATORY USE ONLY	
City, State, Zip Code:	Sample ID: <input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite		
Grower Name:	Date Sampled:	DO NOT DRY OR GRIND	
Address:	County:		
Address:	Field ID:	LABORATORY USE ONLY	
City, State, Zip Code:	Sample ID: <input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite		
Grower Name:	Date Sampled:	DO NOT DRY OR GRIND	
Address:	County:		
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City, State, Zip Code:	Sample ID: <input type="checkbox"/> Hot Spot <input type="checkbox"/> Composite		