

# 2026 UW/WSMB Nematode Soil Sample Information Form

Please read these instructions

Complete this form and mail with your soil sample.  
One sample form must accompany each soil sample.  
All samples must have a grower name and address.

***\*Please write legibly and provide as much information as available\****

Send Results to: Grower  Submitter  Both

## Submitter Contact Information

Business \_\_\_\_\_  
Submitter Name \_\_\_\_\_  
Submitter Email \_\_\_\_\_

## Grower Information

Grower Email \_\_\_\_\_  
Farm Name \_\_\_\_\_  
Grower Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_

UW Sample Kit Number \_\_\_\_\_  
Pest Pros Lab Number \_\_\_\_\_

Submit samples and this form  
using the postage-paid envelope  
to:

Pest Pros  
P.O. Box 188  
Plainfield, WI 54966-0188

## Field Information

County location of field (required) \_\_\_\_\_ Latitude of field \_\_\_\_\_  
Township of field \_\_\_\_\_ Longitude of field \_\_\_\_\_  
Last year's crop \_\_\_\_\_ This year's crop \_\_\_\_\_  
Variety name of this year's or most-recent soybean crop \_\_\_\_\_  
Field name or number (use actual field number if available) \_\_\_\_\_

Soil Texture Sand Sandy Loam Silt Loam Loam Clay Clay Loam

Has this field ever been tested for presence of SCN? Yes No

Do you suspect SCN to be present in this field? Yes No

Special notes about this field or sample \_\_\_\_\_

This nematode testing kit is provided to you by

UW Department of Plant and  
Agroecosystem Sciences

1575 Linden Drive  
Madison, WI 53706  
608-890-0320

www.badgercropnetwork.com  
freescntest@mailplus.wisc.edu



Lab results provided by:



WI Soybean Marketing Board

4414 Regent St., Suite 204  
Madison, WI 53705  
608-274-7522

