

Tully Soil Biology Laboratory Pachymetra and Nematode Assay Request Form

Extension/Productivity Officer Details:

HCPSL Officer: Sandra Coco Phone: 47761808
 Office or Origin: HERBERT - INGHAM Email: HCPSLFrontDesk@hcpsl.com.au

Grower Details: _____ Farm No: _____

Address: _____ Phone No: _____

Pricing (please X one box):

HCPSL Levy Payers \$70
 HCPSL non-levy payers \$130
 HCPSL Staff \$70 (project code required)

Charge to (please X one box and enter details):

HCPSL project code: _____ Address: HCPSL
 PO Box 135
 INGHAM QLD 4850
 HCPSL Invoice Grower: _____

(All results to come thru HCPSL Office to enable grower to discuss results with extension)

Assay requested (please X):	Minimum assay time	Minimum soil required
<input type="checkbox"/> Pachymetra	15 working days	250 g
<input type="checkbox"/> Pathogenic nematodes (those that impact on yield)	15 working days	250 g
<input type="checkbox"/> Free-living nematodes	15 working days	250 g

Mill Area: _____ Date sampled: _____

Date Samples sent: _____ Method of despatch: _____

Depth of sampling: _____ Block Number: _____

GPS Coordinates: _____ Previous Variety: _____

Current variety: _____ Soil Type: _____

Crop class or fallow: _____ Fallow crop (if applicable) _____

Sample Taken: Existing/old cane row Zonal tilled field Fully tilled

Please fax (4068 1907) or email AssayLabTully@sugarresearch.com.au and attach a copy directly to the sample

Tully Station Office use only

Dates sample rec'd: _____ Date results sent: _____

