

# LGI

ELLSWORTH, IOWA 50075

PHONE: 515/836-4444 / FAX: 515/836-4541

DEALER'S  
NAME \_\_\_\_\_  
DEALER'S  
ADDRESS \_\_\_\_\_

FARMER'S  
NAME \_\_\_\_\_  
FARM  
ADDRESS \_\_\_\_\_

SAMPLE INFORMATION		RECOMMENDATION INFORMATION							CHECK TEST DESIRED										
NEMATODE	SAMPLE ID NO. (limit: 8 characters)	1ST CROP	YIELD GOAL	2ND CROP	YIELD GOAL	3RD CROP	YIELD GOAL	PLOW DEPTH	BUFFER ph,P&K	CEC	% OM	P2	S	Zn	Mn	Cu	Fe	B	ALL
	ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	1																	
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	2																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	3																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	4																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	5																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	6																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	7																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	8																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	9																		
ALSO ONLY <input type="checkbox"/> <input type="checkbox"/>	10																		

RECOMMENDATIONS

NO RECOMMENDATIONS

## FIELD MAP

NORTH
