

**IDAHO POTATO CYST NEMATODE (PCN)
FIELD SURVEY REQUEST FORM**

DATE: _____

CONTACT NAME: _____

MOBILE PHONE: _____

ALTERNATE PHONE: _____

FIELD LOCATION (COUNTY): _____

NUMBER OF FIELDS AND TOTAL ACREAGE: _____

CROP IN THE FIELD - PLEASE CHECK AS MANY AS APPROPRIATE:

_____ **SEED POTATO** _____ **PRODUCTION POTATO** _____ **GRAIN**

APPROXIMATE HARVEST DATE: _____

COMMENTS: _____

MAIL REQUEST FORM TO:

**USDA/ISDA POTATO CYST NEMATODE PROGRAM
2281 W. HEYREND WAY – SUITE B
IDAHO FALLS, ID 83402
MAIN NUMBER - 208-522-2431
FAX - 208-522-2434
EMAIL – TRACIE.L.BARBER@APHIS.USDA.GOV**