



# Nebraska On-Farm Research Network

## 2017 Study Information Form

**Instructions:** Fill out the form for each study. **DO NOT fill out in a web browser** - it will not save your answers. Download to your computer and open using a pdf reader such as Adobe Acrobat (free download: <https://get.adobe.com/reader/>). Use the buttons at the end to print and save.

**When completed, please save for your records (save a separate form for each study) and email the completed form to [onfarm@unl.edu](mailto:onfarm@unl.edu) or [laura.thompson@unl.edu](mailto:laura.thompson@unl.edu).**

For help with this form, contact Laura Thompson, [laura.thompson@unl.edu](mailto:laura.thompson@unl.edu) or 402-472-8043.

**PERSONAL INFORMATION - (Please complete this whole section if it is your first year participating or if your contact info has changed.)**

First Name

Last Name

First Name of Second Person/Partner

Last Name of Second Person/Partner

Farm Name

Email

Secondary Email:

Phone

Secondary Phone

Street

City

State

Zip

County

Extension Educator working with this study

First Year Participant?

Yes

## Study Basics

The questions in this section are related to the **UNIQUE TREATMENTS** in your study.

Brief Study Title:

Crop

(if other, type in)

Study Year

MAIN TOPIC:

*Below list treatments and cost (**per/acre**) using as many lines as needed.*

Treatment 1:

Cost Trt 1:

Treatment 2:

Cost Trt 2:

Treatment 3:

Cost Trt 3

Treatment 4:

Cost Trt 4

Treatment 5:

Cost Trt 5

Treatment 6:

Cost Trt 6

Treatment 7:

Cost Trt 7

Treatment 8:

Cost Trt 8

Number of Reps:

Data to collect for this study

Yield

Moisture

Early Season Stand Counts

Harvest Stand Counts

Insect Pressure

% Lodging

Stalk Ratings

Disease Ratings

Other

Enter a location for this study field - GPS or Legal Description

GPS Coordinates (preferred)

Legal Description

Applicator width (if used to apply these treatments):

Additional Study Treatment Notes - (Further describe treatments here. For example, if the treatments are cover crops, include species mix, when and how were they terminated.):

## General Field Info

This page is about the UNIFORM PRACTICES for the study area -- things that were the same regardless of the treatments you are studying. Only information that is consistent across all your treatments should be included in this part of the form. For example, if your study is looking at 2 fungicides, those 2 fungicides should be listed in the treatments section on page 2, not in the fungicide section that follows.

## Soils Data

Soil Series Name and Texture - please include multiple series if relevant.

Soil Test Results Available?

Yes      No      If yes, please email a copy of the report.

## CULTURAL PRACTICES

Crop Rotation

Previous Crop

Planter Rows

Row Spacing

Harvester Rows

Tillage Practice and approx. time of tillage events.

Planting Date

Planting Depth

Hybrid/Variety Planted

Planting Population

Irrigation

Total Irrigation amount (if not yet known, just leave blank and it will be added later).

Seed Treatments List seed treatments. If none, type "none".

**Fertilizer:** Include rate applied (indicate if rate is PRODUCT or ACTUAL N), product name, date of application. If none, type "none".

**Herbicides:** Timing (burndown, pre-plant, post), Rate Applied, Product Name, Date Applied. If none, type "none".

**Foliar and Soil Insecticides** Rate Applied, Product Name ,Date Applied. If none, type "none".

**Foliar Fungicides:** Rate Applied, Product Name, Date Applied. If none, type "none".

**Harvest Date** (if not yet harvested, leave blank, submit the form, and it will be filled in later)

**Harvest Method**            Yield Monitor  
                                  Weigh Wagon  
                                  Other

**Other General Field Notes** (Things to include here would be hail and other weather events.)

**Suggestions**

What study topics do you have in mind for next year?

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