



Nebraska On-Farm Research Network

2020 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 or laura.thompson@unl.edu.

For help with this form, contact Laura Thompson, laura.thompson@unl.edu or 402-245-2224.

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 _____ Study Year _____
(if other, type in)

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?

**Cover crop studies, please continue to page 5.
Other studies, please save or print for your records and email the
completed form to onfarm@unl.edu**

Cover Crop Studies Additional Info

If your research project was looking at cover crop management or evaluating with vs. without a cover crop, please complete this additional information section.

Cover crop planting date:

Cover crop species and rates:

Cover crop termination method (herbicide, winter kill, etc.)

Cover crop termination date:

Cover crop height at time of termination:

IMPORTANT! When complete, please save or print for your records and email the completed document to onfarm@unl.edu