



SEED SAMPLE SUBMISSION FORM

Contact Information

Company Name: _____ Contact Person: _____

Mailing Address: _____

E-mail: _____ Fax: _____

Date: _____ Telephone: _____

Bill testing fees to (if different): _____

Sample Information

Kind: _____ Variety: _____

Lot / ID #: _____

Is this a certified seed lot? Yes ___ No ___ Certified lot number: _____

Sample treated? Yes ___ No ___ Treatment used: _____

Indicate the tests you require on the sample:

- | | | |
|--------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Germination | <input type="checkbox"/> Roundup Bioassay | <input type="checkbox"/> Noxious Weed Exam |
| <input type="checkbox"/> Purity | <input type="checkbox"/> Accelerated Aging | |
| <input type="checkbox"/> Complete Test (Germ / Purity) | <input type="checkbox"/> Texas Cool Test | |
| <input type="checkbox"/> TZ (Tetrazolium) | <input type="checkbox"/> Red Rice Check | |
| <input type="checkbox"/> Seed Count | <input type="checkbox"/> Varietal Purity | |
| <input type="checkbox"/> Clearfield Bioassay | <input type="checkbox"/> Cold Test | |
| <input type="checkbox"/> Other: _____ | | |

Please indicate services you require on the sample results:

Rush (Additional Fee) Fax Telephone Other _____

Send additional report copies to: Name: _____

Address: _____

E-mail: _____

Fax: _____

Comments: _____

