



SEED SAMPLE SUBMISSION FORM

Contact Information

Company Name: _____ Contact Name: _____

Mailing Address: _____

E-mail: _____

Date Sample Submitted: _____ Telephone: _____

Bill Testing Fees to (if different): _____

NOTE: Do not send payment with sample. Testing service fees will be billed to the address given above. You may remit payment by check or pay through our online services website.

Sample Information

Seed Kind: _____ Variety (if known): _____

Lot / ID #: _____ Carry Over Seed: Yes ___ No ___ Year Grown: _____

Certified Seed Lot? Yes ___ No ___

Seed Treatment Information: Treatment used: _____

Indicate the tests you require on the sample. (List of seed testing fees can be found at: <http://www.ldaf.state.la.us>)

Purity Tests:

Germination Tests:

Vigor Tests:

Other Tests:

___ Standard Purity, including
LA Noxious Weed Seed

___ Standard Germination

___ Accelerated Aging

___ Varietal Purity

___ Red Rice Check

___ Tetrazolium (TZ)

___ Texas Cool Test

___ Seed Count

___ Seed ID only (physical
examination)

___ Potting Soil Germination

___ Cold Test

___ Fluorescence Test
(Ryegrass/Oats)

___ All-State Noxious Weed Seed Exam (specify states): _____

___ Bulk Exam: Examination requested for the following impurities: _____

Additional Services:

___ Rush (Additional \$25.00/sample. Sample will be prioritized and processed upon receipt)

___ Sample collected by LDAF Inspector (Additional \$15.00/sample. Sample will be collected according to AOSA guidelines.)

___ Other: _____

___ I prefer to view my analysis reports online (**Note:** You must be a registered user to access the online services. To register contact our office by email at: seed@ldaf.state.la.us.)

Comments: _____

**Drop off or mail samples along with this completed Seed Sample Submission Form to:
LDAF State Seed Testing Laboratory, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.**