**SEED SAMPLE SUBMISSION FORM**

**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](http://www.ldaf.state.la.us))

**Purity Tests:**

- ___ Standard Purity, including LA Noxious Weed Seed
- ___ Red Rice Check
- ___ Seed ID only (physical examination)

**Germination Tests:**

- ___ Standard Germination
- ___ Tetrazolium (TZ)
- ___ Potting Soil Germination

**Vigor Tests:**

- ___ Accelerated Aging
- ___ Texas Cool Test
- ___ Cold Test

**Other Tests:**

- ___ Varietal Purity
- ___ Seed Count
- ___ 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.