SEED TESTING REQUEST FORM

*Name _______________________________________________________

*Mailing address _______________________________________________

______________________________________________

Telephone No. ________________________________________________

E-mail address: ________________________________________________

*Kind of seed _________________________________________________

Variety (if known) _____________________________________________

Lot number: __________________________________________________

*Test(s) requested:  Purity ____________ Germination _______________

*Has seed been treated with any herbicide, fungicide or insecticide? ______

What is the name of the seed treatment(s) used? ______________________

_____________________________________________________________

Additional information or comments:

* Information must be completed for each submitted sample.