

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.