SEED LABORATORY SERVICE SAMPLE REQUEST

68-010 (Rev. 12-94)

REQUESTOR: (Please Print)

Company _____

Address _____

_____

Contact Person _____

Phone _____

MAIL RESULTS TO: (Please Print)

Company _____

Address _____

_____

Contact Person _____

Phone _____

SAMPLE IDENTIFICATION: (Please Print)

Kind of Seed _____ Variety Name _____

Lot Number _____ Seed Count _____

Lot Size _____ Miscellaneous _____

Treated __No __ Yes, Treatment Name _____

SAMPLER: (Please Print)

County _____ Inspectors Ident. _____

CHECK TESTS DESIRED

__ Purity Analysis, includes California noxious weed seed exam
__ Germination Test
__ Noxious Weed Seed Examination (indicate type requested):
    __ California noxious weed seed only
    __ All States noxious weed seed
    __ Foreign noxious weed seed: Destination country _____
__ Complete Other Species Examination
__ Seed Moisture Test
__ Tetrazolium Viability Test
__ Ryegrass Fluorescence Test
__ Soil Percentage
__ Sclerotia Percentage
__ X-ray Analysis
__ Other _____

RULES FOR TESTING SEED (Check One)

__ FSA (Federal Seed Act)
__ AOSA (Association of Official Seed Analysts)
__ ISTA (International Seed Testing Association)
__ CSAR (Canadian Seed Act & Regulations)

SUBMIT SAMPLE TO:

California Department of Food & Agriculture
Plant Pest Diagnostics Center / Seed Laboratory
3294 Meadowview Road
Sacramento, California 95832-1448
Phone: (916) 262-1100 FAX (916) 262-1191