

SEED LABORATORY SERVICE SAMPLE REQUEST

68-010 (Rev. 7-2011)

APPLICANT: (please print)

Company _____
Address _____

Contact Person _____
Phone _____
Email Address _____

MAIL RESULTS TO: (please print)

Company _____
Address _____

Contact Person _____
Phone _____
Email Address _____

SAMPLE IDENTIFICATION: This information will appear on the report of analysis (please print)

Kind of Seed _____ Variety Name _____

Lot Number _____ Seed Count _____

Lot Size _____ Miscellaneous _____

Treated ___ No ___ Yes Treatment Name _____

SAMPLER: This information will appear on the report of analysis (please print)

County _____ Inspector's Identification _____

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)262-1190