



**Division of Regulatory Services**  
*College of Agriculture, Food and Environment*

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### Seed Test Submittal Form

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax: \_\_\_\_\_

***Reports will be sent via email***

(check if applicable)

Certified Variety \_\_\_\_\_

Registered Kind \_\_\_\_\_

Foundation Lot Number \_\_\_\_\_

Treated Treatment Name \_\_\_\_\_

Seed Harvested in Last 3 Months?

Requested Tests (check all that apply):

Complete (Purity, Germ., Nox.)       Seed Count per Pound       Moisture

Purity and Noxious Only       Cold Test       Treated Germ (Treatment applied in lab)

Germination Only       Accelerated Aging       Tetrazolium (TZ)

Noxious (KY Only)       Roundup Ready       Other: \_\_\_\_\_

If you would like any special services please list information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_