

## Seed Test Submittal Form

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

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

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

*Invoice will be sent to this address*

*Did you know: Results are available online, [contact us to get started.](#)*

(check if applicable)

- |                                     |                      |
|-------------------------------------|----------------------|
| <input type="checkbox"/> Certified  | Variety _____        |
| <input type="checkbox"/> Registered | Kind _____           |
| <input type="checkbox"/> Foundation | Lot Number _____     |
| <input type="checkbox"/> Treated    | Treatment Name _____ |

**Was the Seed Harvested in the Last 3 Months? Yes \_\_\_\_\_ No \_\_\_\_\_**

Requested Tests (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Complete (Purity, Germ., Nox.) | <input type="checkbox"/> Seed Count per Pound | <input type="checkbox"/> Moisture                                |
| <input type="checkbox"/> Purity and Noxious Only        | <input type="checkbox"/> Cold Test            | <input type="checkbox"/> Treated Germ (Treatment applied in lab) |
| <input type="checkbox"/> Germination Only               | <input type="checkbox"/> Accelerated Aging    | <input type="checkbox"/> Tetrazolium (TZ)                        |
| <input type="checkbox"/> Noxious (KY Only)              | <input type="checkbox"/> Roundup Ready        | <input type="checkbox"/> Other: _____                            |

*Reports will be sent via email to the emails on file.* If you would like a carbon copy sent to another person, list the email here:

Email \_\_\_\_\_

Special Instructions: