

SEED TEST REQUEST FORM

Please fill out form completely
– one form per sample.

Results and Bill to:

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Variety and Crop: _____

Lot Number: _____ Year Grown: _____

Tests Requested:

- Complete (Purity, Germ, Noxious)
- Tetrazolium
- Noxious Kansas USA
- Purity and Noxious
- Seeds per Pound
- Germination
- Accelerated Aging
- Cold Test
- Herbicide Tolerance RR STS
- Other _____

PLACE THIS FORM INSIDE SEED SAMPLE BAG. Soybeans are fragile, package carefully.

Fax report: (____) _____

Phone results: (____) _____

E-mail results: _____

Carbon copy to: _____

Send to : KCIA Seed Laboratory
 2000 Kimball Avenue
 Manhattan, KS 66502

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