

SEED TEST REQUEST FORM

Please fill out form completely
– one form per sample.

Results and Bill to:

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Telephone: (_____) _____

Variety and Crop: _____

Lot #: _____

Year Grown: _____

Tests Requested:

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

PLACE THIS FORM INSIDE SEED SAMPLE BAG.

**Results will be by e-mail or website only
unless requested below.**

- USPS printed report to address above
- Fax report to: (_____) _____
- Carbon copy to: _____

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

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