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
- \Box Noxious \Box Kansas \Box USA
- $\hfill\square$ Purity and Noxious
- □ Seeds per Pound
- □ Germination
- □ Accelerated Aging (Stress test)
- □ Cold Test (Stress test)
- \Box Herbicide Tolerance \Box RR \Box 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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