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