

Laboratory Use Only
Sample # _____
Date Received _____

Seed Sample Submission Form

I. Sender

Farmer/Producer _____
Address _____
City _____ State _____ Zip _____
County _____ Email Address _____
Phone () _____ Fax () _____
How do you prefer your results? Hard Copy Email Fax

II. Sample Identification

(Please include a description that makes it identifiable to you.)

Lot # (if applicable) _____

III. Seed Sample Information

Classification: Agricultural Vegetable Flower Tree/Shrub Mixture Other _____

IV. Treatments/Coatings

(Please list any applied treatments or coatings)

V. Sample Composition

(Please list the sample ingredients)

VI. Laboratory Chain of Custody

Delivery Method: USPS Fedex UPS Other _____ Hand Delivery _____

Action	Date/Time	Initials
Received		
Transfer		
Received		
Transfer		
Laboratory Ownership		

F-AGM-41