

Label to be applied to drawn sample.

Business Name: _____

Address: _____

Location of Sampling (Company/Address/City/State)

Species: _____

Cultivar: _____

Category (Circle one) Certified _____ Registered _____ OECD
Non-Certified _____ Other _____

Lot No.: _____

Weight of Lot (kg): _____

Sampled by (Signature): _____

Phone #: _____

Sampled on (Date): _____ / _____ / _____

Tests request: _____ Purity (P)
_____ Other Seed Determination (OSD)
_____ Germination (G) _____ Other

Type of Test:

_____ Complete See Table 2A for required weight
_____ Reduced _____ Limited _____ Reduced-Limited

Treatment: _____

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Business Name: _____

Address: _____

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Species: _____

Cultivar: _____

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_____ Other Seed Determination (OSD)
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Type of Test:

_____ Complete See Table 2A for required weight
_____ Reduced _____ Limited _____ Reduced-Limited

Treatment: _____