

IDAHO STATE SEED LABORATORY SAMPLE SUBMISSION FORM

* DATE:				
* COMPANY:		BILLING:		
* LOT NUMBER:				
* CROP:		PRODUCT:		
VARIETY:		SEED TREATMENT:		
BAGS/BOXES:	WEIGHT:	Weight of each bag e.g. "50 lb		
CROP YEAR:	ORIGIN:	BATCH #:		Your company reference
* SEED CLASS:	UNCERT * TESTS:	GERM SI	ERVICES:	RUSH
	CERTIFIED	PURITY (inc. nox.)		RETURN SAMPLE
	FOUNDATION	TZ		PURITY FIRST
	REGISTER	OTHER, SPECIFY:		OTHER, SPECIFY:
	SOURCE ID		-	
	OTHER, SPECIFY:	ALL CTATES NOV		
	NOXIOUS:	ALL STATES NOX WESTERN		
Note: To reduce (delays, review required sample weights at	ID		
	gov/main/laboratories/seed-lab/submitted- sample-weights/.	OTHER, SPECIFY:	-	
SENDER INFO:	Information supplied here will appear at the to	p of the lab report		
OTHER:	e.g., CC additional email addresses for report			
* MANDATORY <u>F</u>	IELDS			
ICIA SAMPLER:	Mandatory for Idaho Crop Improvement Associ	ation samples		
FIELD NUMBER:				
GROWER:				