

## **IDAHO STATE SEED LABORATORY**

## **SAMPLE SUBMISSION FORM**

\* MANDATORY FIELDS

		DATE:	
* COMPANY NAME:		* PHONE:	
*ADDRESS:		* EMAIL:	
		* CONTACT PERSON:	
* LOT NUMBER:		CROP YEAR:	
* SPECIES/CROP:		ORIGIN:	
VARIETY:		LOT WEIGHT:	
TREATMENT:		BATCH #:	Your company reference
* 0555 01 400	OFDWOF# NIGERTIFIED	Must include Noxious Test	<b>******</b>
* SEED CLASS:	SERVICE/UNCERTIFIED * TESTS		
	CERTIFIED	GERMINATION	WESTERN
	FOUNDATION	TZ	ID
	REGISTERED	OTHER, SPECIFY:	CANADA
	SOURCE ID		OTHER, SPECIFY
	OTHER, SPECIFY:		
		SENDER INFO: Information will appe	ear on the report
SERVICES:	RUSH	OLIVDEIX IIVI O. IIIIOIIII alioii Wiii appi	sar on the report
	RETURN SAMPLE		
	PURITY FIRST		
		OTHER: e.g., CC add'l email address	ses
	OTHER, SPECIFY		
	Mandatory for Idaho Crop Improvement Association	n Samples	
ICIA SAMPLER:		GROWER:	
FIELD#:		CERT#:	
	Multiple samples can be submitted on this form if mos		
CROP & VARIETY	LOT NUMBER	NOTE	