



OSU Seed Lab Seed Testing Order

*Fill out one application for each sample to be tested
(it's OK to fill out one form and attach a list if most of the information is the same).
Include all information you want included on the report. *Information is REQUIRED.
Use this form for all testing orders except ISTA Certificates.*

Customer Information

***Business Name:**

Contact person:

Address: City State Zip Code

Phone: Fax:

Email:

Have you used the OSU Seed Lab before?

If you would like a copy of the testing report sent to a 3rd party ("CC"), please identify:

OSU Department Index & Activity:

OSU Dept. Budget Authority/Approver's Name:

Sample Identification

***Species & Variety:**

***Lot Number:**

***Is this treated or coated seed? (check one) NO YES with _____ *PLEASE PROVIDE MSDS SHEET**

Crop Year:

Grower:

Other Information (to be included on report):

***Tests and Services Requested** (tests are conducted using AOSA rules unless otherwise requested)

- Purity (includes all-states noxious search) Germination (includes fluorescence for ryegrass)
- Crop & Weed _____ amount (grams) sequential crop & weed
- UGS (Undesirable Grass Seeds)
- Grow-out (of fluor. seedlings) sequential VFL (Varietal Fluorescence Level)
- Ploidy by Cytometry Tetrazolium (TZ)
- Moisture (SAMPLE MUST BE IN A PLASTIC BAG) Direct 400-seed grow-out Other:

Special instructions:

Instructions:

- Prepare sample by sealing it in a leak-proof bag so no seeds can escape. Label the bag with your name, the crop kind and lot number.
- Enclose this original completed form with the sample.
- Send the sample for testing to the OSU Seed Lab:
OSU Seed Lab Phone: 1-541-737-4464
3291 SW Campus Way Fax: 1-541-737-2126
Corvallis, OR 97331 Email: seedlab@oregonstate.edu

For Lab Use Only:

Seal on Sample Intact? Yes No N/A

Sample Bag Intact? Yes No

Received by: _____

Date: _____

Weight of submitted sample: _____ g

Lab sample number: _____