



OSU Seed Lab Request for ISTA Blue Certificate

Fill out one application for each lot to be sampled. *Information is REQUIRED

Applicant Information (will appear on the certificate exactly as it is written here)

*Name:

*Address:

Contact Information (not to appear on BIC):

Phone:

Fax:

Email:

Check if customer/billing is different than applicant. Billing name and address:

Seed Identification (will appear on the certificate exactly as it is written here)

*Crop Species:

Variety:

Lot No:

No. of containers:

Type:

Lot Weight:

lbs / kg

*Crop Year (for germination, not incl. on BIC):

Grower:

Certification Class:

*Treated or Coated Seed? NO YES with _____

*PLEASE PROVIDE MSDS SHEET

Other Info:

*ISTA Tests Needed

Purity (P) Germination (G) Fluorescence (FL) Tetrazolium (TZ)

Other Seed Determination (OSD) scope: Complete Reduced (_____g) Limited: _____

Moisture (M) Weight Det (1000wt) Other (specify):

ISTA Certificate

Provisional (prelim) needed. Indicate the tests you want included on the provisional:

Duplicate certificates: Quantity _____

Charges will apply for provisional and duplicate certificates (Original is included in testing price)

Special instructions for reporting on certificate:

Instructions

- Prepare sample by sealing it securely so no seeds can escape. If moisture test is requested, put the sample into a Ziploc bag and squeeze most of the air out.
- Minimum sample size for germination and TZ is 400 seeds; purity 2500 seeds, OSD 25,000 seeds. We request that you send at least 10% more seeds than are required for the tests you indicate. If needed, we can return most of the leftover seed after testing is complete.
- Send this form with the sample 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@oscs.orst.edu

For Lab Use Only:

Date Sampled: _____ Date Rec'd at Lab: _____ By _____ & _____

Lab Test Number: _____

Comments: