



OSU Seed Lab ISTA Sampling Request and Declaration

Date:

Sample At:

OSU Seed Lab
3291 SW Campus Way
Corvallis, OR 97331
541-737-4464 / 541-737-2126 fax
Contact: Jodi Keeling

Address:
City
Phone
Contact
Sampler Info

Sample according to ISTA Rules and complete declaration.

To be filled by Customer or OSU Seed Lab

OSU Seed Lab ISTA Sampling

Client:

Sampling Location:

Customer's Information

Variety & Crop:

Lot No:

No. Containers: Lot Weight: Kg Lb

Tests Requested:

- Purity
 - Germination
 - TZ
 - Weight Det (1000wt)
 - Other:
 - Treated/Coated With:
- Other Seed Determ.
 - Fluorescence
 - Moisture
 - Australia

(INCLUDE MSDS SHEET)

Other Info:

To be filled by ISTA sampler

ISTA Sampler Declaration

Is the lot uniquely and adequately marked? YES NO

Size of Containers: 25Kg 25lb 50lb 55lb _____

Total lot size _____ Kg or lb

Type of Container: Poly Sack, Paper Sack, Bucket,

Tri-wall, Other: _____ Number of Containers: _____

Method/Probe: Nobbe Sleaved Hand

Number of Primary Samples Taken: _____

Lot sealed by: Stitching, Lid, Tag, Heatseal, _____

Were the primary samples uniform? YES NO

Is Seed Treated/Coated: NO YES, With _____

Printed Name of Sampler:

Signature of Sampler:

Date of Sampling: _____

I hereby declare, by signature or initial on sample container, that the lot was sampled according to ISTA rules and procedures and is representative of the seed lot.

To be filled by Customer or OSU Seed Lab

OSU Seed Lab ISTA Sampling

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