



SEED SAMPLE SUBMISSION FORM

Contact Information

Company/Individual Name: _____ Contact Name: _____

Mailing Address: _____

Email: _____

Date Sample Submitted: _____ Telephone: _____

Bill Testing Fees to (if different): _____

NOTE: Do not send payment with sample. Testing service fees will be billed to the address given above. You may remit payment by check or pay through our online services website.

Sample Information

Seed Kind: _____ Variety (if known): _____

Lot / ID #: _____ Carry Over Seed: Yes ____ No ____ Year Grown: _____

Will test be used for seed labeling or relabeling purposes? Yes ____ No ____

Seed Treatment Information: Treatment used: _____

Indicate the tests you require on the sample. (List of seed testing fees can be found at: <http://www.ldaf.la.gov>)

Purity Tests:

____ Standard Purity, including
LA Noxious Weed Seed

____ Red Rice Check

____ Seed ID only (physical
examination)

____ All-State Noxious Weed Seed Exam (specify states): _____

____ Bulk Exam: Examination requested for the following impurities: _____

Germination Tests:

____ Standard Germination

____ Tetrazolium (TZ)

____ Soil Germination

Vigor Tests:

____ Accelerated Aging

____ Texas Cool Test

____ Cold Test

Other Tests:

____ Varietal Purity

____ Seed Count

____ Fluorescence Test

(Ryegrass/Oats)

Additional Services:

____ Rush (Additional \$25.00/sample. Sample will be prioritized and processed upon receipt)

____ Sample collected by LDAF Inspector (Additional \$15.00/sample. Sample will be collected according to AOSA guidelines.)

____ Other: _____

____ I prefer to view my analysis reports online (**Note:** You must be a registered user to access the online services. To register contact our office by email at: seed@ldaf.state.la.us.)

Comments: _____

**Drop off or mail samples along with this completed Seed Sample Submission Form to:
LDAF State Seed Testing Laboratory, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.**