



SEED SAMPLE SUBMISSION FORM

CONTACT INFORMATION

Company/Individual Name: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

Date Sample Submitted: _____ Telephone: _____

Bill Testing Fees to (if different from Mailing Address): _____

City: _____ State: _____ ZIP Code: _____

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 TEST YOU REQUIRE ON THE SAMPLE

(List of seed testing fees can be found at www.ldaf.la.gov)

Purity Test:

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 Test:

Standard Germination

Tetrazolium (TZ)

Soil Germination

Vigor Tests:

Accelerated Aging

Texas Cool Test

Cold Test

Other Test:

Varietal Purity

Seed Count

Fluorescence Test (Ryegrass/Oats)

ADDITIONAL SERVICES:

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

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

Other: _____

I prefer to view my analysis report 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.**