



OSU Seed Lab Seed Testing Order

**Fill out one application for each sample to be tested. *Information is REQUIRED
Use this form for all testing orders except ISTA Certificates.**

Customer Information

***Business Name:**

Contact person:

Address:

Phone:

Fax:

Email:

OSU Agency Code:

Have you used the Seed Lab before?

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

Sample Identification

***Species & Variety:**

***Lot No:**

***Is this treated seed?** (check one) NO YES with _____

Crop Year:

Grower:

Other Info:

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

Purity (includes all-states noxious search)

Germination/Fluorescence

Crop & Weed _____ amount (grams) sequential c/w

UGS (Undesirable Grass Seeds)

Grow-out sequential

VFL (Varietal Fluorescence Level)

Ploidy by Cytometry

Tetrazolium (TZ)

Other:

Special instructions:

Instructions:

- Prepare sample by sealing it in a leakproof 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
3291 SW Campus Way
Corvallis, OR 97331

Phone: 1-541-737-4464
Fax: 1-541-737-2126
Email: seedlab@oscs.orst.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: _____