

NO STAPLES PLEASE

IS A CHEQUE ENCLOSED?

YES

LAB #

BILL TO: _____

MAILING _____

ADDRESS: _____

POSTAL CODE: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

PEDIGREE SAMPLES NEED A

CROP CERTIFICATE

BREEDER

FND

CERT

SELECT

REG

COMMON

CROP KIND: _____

VARIETY: _____

CC #: _____

LOT NUMBER: _____

LOT SIZE: (APHIS) _____

PROCESSED UNCLEANED HAND SIEVED

SEED TREATMENT: _____

TEST(S) REQUIRED

VOMITOXIN

GERMINATION

VIGOUR

PURITY

APHIS (PPQ 925)

% PURE SEED

1000 SEED WEIGHT

DISEASE TEST (PULSES ONLY)

OTHER: _____

DATE REC'D: _____

ACCU-TEST SEED LAB

PHONE: (204) 328-5313 FAX: (204) 328-7400