



Seed Sampling Request Form

GGAS HI-TECH LABS

Seed lot and seed sample

Name and address of the applicant requesting sampling	
Species (Botanical name)	
Cultivar*	
Category*	
Seal of the lot (e.g. stitched label, metal seal) and/or under which Authority the seed lot is sealed	
Lot Number	
Seed treatment	
Type of container*	
Number of containers	
Size/weight of each container*	
Size/weight of the lot	

Tests requested

Name and code* of testing laboratory					
Select test from list	<input checked="" type="checkbox"/> Purity	<input checked="" type="checkbox"/> OSD	<input checked="" type="checkbox"/> T.S.W	<input checked="" type="checkbox"/> Germination	<input checked="" type="checkbox"/> Tetrazolium
Another test/s, please specify:					

Additional information*

Please specify any other relevant information:	
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Declaration

I confirm that the details on this sampling request form are correct and represents the declared lot accurately. I hereby assure full support to the samplers throughout the sampling process and will document my observations and remarks in the feedback form.

Applicant Signature	
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