



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	OSD	T.S.W	Germination	Tetrazolium

Another test/s, please specify:

Additional information*					
Please specify any other relevant information:					

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	
---------------------	--