



SEED TEST REQUEST SHEET

USDA – Forest Service
National Seed Laboratory
5675 Riggins Mill Road
Dry Branch, GA 31020
478-751-3551

Laboratory Use Only:
Date Received: _____
Test Number: _____

SEND A SIGNED REQUEST SHEET FOR EACH SAMPLE.

This section is required.

Signature printed name & telephone number date

Send results to: _____ Invoice to Address _____

Federal ID: _____

Telephone No.: _____

Second copy to: _____ Lot number _____

_____ Species _____

_____ Seed treatment, if any _____

Tests Requested: (Check requested tests. Only the tests checked will be conducted.) Call (478) 751-3551, if you have questions on what to request or how much seed to send.

Seed per pound _____ Unstratified germination _____ X-ray* _____
Purity _____ Stratified germination _____ Scored _____
Moisture content _____ days to stratify _____
2nd test _____ Tetrazolium _____
3rd test _____
ISTA certificate _____ Excised Embryo _____

* Full seed determination by x-ray is part of the germination test.