

Service Test Information Sheet

Mail this form with each seed sample
and make checks payable to:

NCIA Seed Laboratory
P.O. Box 830911
268 Plant Science Hall
Lincoln, Nebraska 68583-0911
Phone: (402) 472-1444

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

SENDER'S ID For SAMPLE AND/OR LOT NO. _____

KIND OF SEED SENT IN _____

VARIETY NAME OF SEED SENT _____

KIND OF TEST DESIRED:(Please check)

- | | |
|---|---|
| <input type="checkbox"/> Purity Only (1) | <input type="checkbox"/> Cold Test |
| <input type="checkbox"/> Germination | <input type="checkbox"/> Stress Test (AA) |
| <input type="checkbox"/> NE Noxious Weed Exam | <input type="checkbox"/> TZ Test |
| <input type="checkbox"/> Complete Test1 | <input type="checkbox"/> Bushel wt . |
| <input type="checkbox"/> All States Noxious | <input type="checkbox"/> Seed Count |
| <input type="checkbox"/> Moisture | |

Additional Comments _____

Seed Treatment Information (*REQUIRED*) _____

(1) REQUIRES A DEPOSIT OF \$40 FOR NATIVE GRASS MIXTURES PER SAMPLE

TOTAL AMOUNT FOR TEST(S) \$ _____