



SEED TEST REQUEST SHEET

US 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. Date: _____

Signature _____ Printed name _____
Email Address _____ Federal ID _____
Invoice Address _____ Telephone No. _____
_____ 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.

Moisture content _____ Unstratified germination _____ Scored X-ray _____
Purity _____ Stratified germination _____ Unscored X-ray _____
Days to stratify _____
Seed per pound _____ 2nd Stratified germination _____ Tetrazolium _____
Days to stratify _____
ISTA certificate _____ Excised Embryo _____

Notes: _____

Complete this section only if you desire an ISTA certificate.

INTERNATIONAL SEED TESTING ASSOCIATION (ISTA) CERTIFICATES

BLUE (seed sample certificates) ORANGE (seed lot certificates)

Total weight of lot _____ kg call (478) 751-3551 for assistance in obtaining

Number of containers _____ orange certificates.

Date of sampling _____