



### Sample Test Request - Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Crop/Species: \_\_\_\_\_

Variety: \_\_\_\_\_

Category: Service (Non-Certified)                      Certified\*                      Registered\*  
Other (please specify)\_\_\_\_\_

Lot No.: \_\_\_\_\_

Is seed: New Crop\_\_\_\_\_ or Old Crop\_\_\_\_\_

Sampled by (or contact name): \_\_\_\_\_

**Tests requested:**

- |                               |   |
|-------------------------------|---|
| Purity (P)_____               | Electrophoresis (Varietal ID) Test (Gel)_____ |
| South Dakota Noxious (N)_____ | Moisture_____                                 |
| All-States Noxious (USA)_____ | Test Weight (lbs./bu)_____                    |
| Germination (G)_____          | Accelerated Aging(AA)_____                    |
| Seed Count (SC)_____          | Corn Cold Test_____                           |
| Tetrazolium Test (TZ)_____    |   |

Other Test – Please Specify (See fee schedule for available tests)\_\_\_\_\_

\*If Certified or Registered seed, please include the form supplied by your certifying agency.

**By US Postal Service:**

SDSU Seed Testing Lab  
Box 2207A  
AG Hall 219  
Brookings, SD 57007

**By UPS/FEDEX/SPEE-DEE:**

SDSU Seed Testing Lab  
SDSU Innovation Campus  
2380 Research Parkway  
Brookings, SD 57006