



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