

## **Request for Seed Test Form**

Division of Plant Health & Compliance

**Date Received:** \_\_\_\_\_  
**Processing ID:** \_\_\_\_\_

### **Sender Information:**

Seed company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact's name: \_\_\_\_\_ Office #: \_\_\_\_\_  
 Billing address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

### **Sample Information:**

Genus / Species: \_\_\_\_\_ Varietal name: \_\_\_\_\_  
 Common name: \_\_\_\_\_  
 Treated?  Yes  No (If yes provide chemical used) Chemical: \_\_\_\_\_  
 Lot number: \_\_\_\_\_ Total pounds in lot: \_\_\_\_\_  
 Total amount of seed provided (Weight or total # of seeds): \_\_\_\_\_

Class designation:  Certified  Registered  Foundation  
 Service  Other: \_\_\_\_\_

### **Tests Requested:**

Purity  Germination  Noxious Weed  Tetrazolium  
 Moisture  Bulk Analysis  GMO (Alfalfa only)  Other: \_\_\_\_\_

### **Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requested date of completion:** \_\_\_\_\_

-Fees for analysis vary and prices can be found online at [agri.nv.gov](http://agri.nv.gov). Most results will be provided within 14 working days after the sample has been admitted for processing. You will be notified if processing time exceeds 14 working days. An invoice for services will be issued and sent to the billing address listed above after results are obtained.

-Complete a separate form for each lot/species to be tested. Attach the form to each container of corresponding seed when submitting multiple samples at once.

-Form must be completed and mailed/faxed/mailed to the NDA via the contact information below. Request forms will be processed upon receipt and tests will be completed on a "first come, first serve" basis.

Select here if you do NOT want to receive industry updates and notice of items that could impact your business.

This request form can be delivered using the following methods

Email: [rwilhelm@agri.nv.gov](mailto:rwilhelm@agri.nv.gov) Mail: 405 South 21<sup>st</sup> Street  
 Fax: (775) 353-3661 Sparks, NV 89431

If submitting via email or fax, ensure that samples are labeled accordingly and are easily identified.

Sender Signature: \_\_\_\_\_ Date: \_\_\_\_\_