

GUIDELINES FOR SUBMITTING SEEDS FOR TESTING

COLLECTING SAMPLE FOR SUBMITTAL

Collect equal portions from evenly distributed parts of the lot for the representative sample. An analysis of a seed sample can only show the quality of what is submitted so for bulk seed, take as many portions from well-spaced points as if the seed were in bags of ordinary size.

MINIMUM WEIGHTS OF SEED SAMPLES TO BE SUBMITTED

2 ounces - Kentucky Bluegrass, Redtop, White Clover, Alsike Clover, Bentgrass and other types of seed of similar size.

5 ounces - Orchardgrass, Red Clover, Crimson Clover, Alfalfa, Fescues, Lespedezas, Ryegrasses, Foxtail Millet, grass mixtures and other types of seed of similar size.

2 pounds – Small Grains, Vetches, Corn, Peanut, Soybean, Sorghum, Sudangrass, Sunflower, and other types of seed of similar size.

A minimum of 1,000 seeds needed for ***germination only samples and all vegetable seeds.***

PLEASE REMEMBER TO:

- Put seed sample in a heavy duty bag or double bag if needed before packing for mailing.
- Completely and clearly fill out the Seed Test Request Form.
- If you have a VCIA tag, please attach it to the bag.
- Indicate the seed treatment name if treated.
- Include previous lab number for Recleaned samples.
- Mark box for recertification of carry over seed and germination test only
- For mixtures to include tag even if it for re-germination test only.

IF YOU ARE SENDING IN MULTIPLE SAMPLES AT ONE TIME PLEASE FILL OUT A SEED TESTING REQUEST FORM FOR EACH SAMPLE

VIRGINIA DEPARTMENT OF AGRICULTURE &
CONSUMER SERVICES
SEED LABORATORY
600 N. 5TH STREET, ROOM 232
RICHMOND, VA 23219
PHONE: (804)786-8795 FAX: (804) 371-7790

FOR LABORATORY USE ONLY

DATE SAMPLE RECEIVED: _____

SAMPLE LAB NUMBER: _____

SEED TESTING REQUEST FORM

CUSTOMER INFORMATION

NAME _____

ADDRESS _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL PHONE _____

EMAIL ADDRESS _____

*SEND BILL TO (if different than above) NAME _____

ADDRESS _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL PHONE _____

PLEASE DO NOT SEND PAYMENT WITH SAMPLE. TESTING FEES WILL BE BILLED TO THE ADDRESS ABOVE

SAMPLE INFORMATION

KIND OF SEED _____

FULL VARIETY NAME _____

LOT ID NUMBER _____

OF POUNDS IN LOT _____ # OF BAGS IN LOT _____

TREATED YES NO

TREATMENT NAME _____

SAMPLE TYPE – CHECK ALL THAT APPLY

- BIN RUN
- UPDATED GERM ON BAGGED/TAGGED SEED
- NEW SAMPLE
- MIXTURE (COPY OF TAG NEEDED)
- CARRY OVER
- CONSERVATION USE
- VDOT

TEST REQUESTED – PLEASE CHECK THE SELECTED TEST(S):

- COMPLETE TEST (PURITY, VIRGINIA NOXIOUS WEED and GERMINATION)
- GERMINATION ONLY
- TZ (TETRAZOLIUM)
- SEED COUNT (MUST BE IN A MOISTURE PROOF BAG (Example- Zip Sealed Plastic Bag)
- VARIETY
- PURITY and VIRGINIA NOXIOUS WEED ONLY
- VIRGINIA NOXIOUS WEED ONLY
- NOXIOUS WEED FOR OTHER STATES (LIST STATE) _____
- GMO TEST (ROUND-UP READY, BT, etc.) PLEASE SPECIFY _____
- SOD QUALITY TEST
- RECLEANED SAMPLES (PREVIOUS LAB NUMBER) _____

FOR VCIA SAMPLES ONLY

VCIA CERTIFICATION YES NO

VCIA RECERTIFICATION YES NO

SAMPLE CLASS (PLEASE MARK ONLY ONE)

CERTIFIED REGISTERED FOUNDATION BREEDER QUALITY ASSURANCE

IF ALL INFORMATION IS NOT COMPLETE, SAMPLE MAY BE HELD UNTIL WE RECEIVE A COMPLETED FORM.

It is the policy of the VDACS Seed Laboratory to use AOSA testing procedures and not to provide test results that might violate the rights of any utility patent holder or the rights of any certificate owner protected under the U. S. Plant Variety Protection Act.

I have read and understand the information presented on this Seed Testing Request Form. I understand that I will be responsible for all charges for the requested test(s).

Signature

Date

FORM MUST BE SIGNED AND DATED