

Date Received: _____ Job no.: _____

Sample Submission Form Seed Health Testing

Please use one submission form per sample

Contact details

Address for results	Address for invoice
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Postal address: _____	Postal address: _____
Town + post code: _____	Town + post code: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
Grower	Sampling officer
Property: _____	Name: _____
Contact person: _____	Off. Sampler no.: _____
Address: _____	Sampling date: _____
Phone: _____ Fax: _____	Signature: _____
Method of payment	
Credit card: <input style="width: 100%;" type="text"/>	
Expiry date: <input style="width: 100%;" type="text"/>	Invoice: <input type="checkbox"/> Account no: <input style="width: 100%;" type="text"/>
Name on card: _____	Cheque/Cash: <input type="checkbox"/> (attached)

Sample details (items indicated with an * are required, list all other details as you want them on the Seed Health Test Report)

Kind of seed (species)*: (botanical name preferred) _____	Merchant's reference*: _____
Cultivar: _____	Official reference: _____
Class: _____	Treatment: _____
Weight: _____	Export certification? _____ (Yes or No)
Dressed: _____ (field or machine)	Regulations test: _____ (Country)
No. of sacks: _____	Dressing code: _____
List ALL tests required or attach a current copy of an import permit listing all pests and diseases to be tested for:	

Continue list of test requirements if necessary:	
