

IMPERIAL COUNTY AGRICULTURAL COMMISSIONER
Seed Laboratory Service Sample Request

Requestor

Company _____
Address _____

Contact _____
Phone Number _____

Mail Results To:

Company _____
Address _____

Contact _____
Phone Number _____

Sample Details

Kind of Seed _____ Variety _____
Lot Number _____ Seed Count _____
Lot Size _____ Misc _____
Treated ? _____ No _____ Yes Treatment Info _____

Check Tests Desired

_____ Purity Analysis, include California noxious weed seed exam
_____ Germination Test
_____ Noxious Weed Seed Examination Type _____
_____ Soil Percentage
_____ Clavibacter michiganensis subsp insidiosus
_____ Ditylenchus dipsaci
_____ Verticillium albo-atrum
_____ Diseases of concern to: _____
_____ Other (please list) _____

For Testing, Submit Sample To: _____

County Use Only

Inspector ID Number _____

501

Signature Date Code Hours Miles