

SEED SAMPLE REQUEST FORM



3-5 Lillie Crescent | PO Box 1335 | Tullamarine | Victoria 3043 | Australia
 Phone: 61 3 8318 9019 | Freephone: 1800 247 478 | Fax: 61 3 8318 9001 | www.asurequality.com.au | ABN: 76 106 787 704

Office use only

Lab No

Requested by: (i.e. processor).....
 Grower Name
 Statement Issued In The Name Of:
 Post Statement To:
 Copy To:
 Invoice To: Order No. (if required)

CROP DETAILS

Seed Type Cultivar
 Paddock Name / ID Lot No
 Paddock Location (GPS Co ord / CFA Ref):

CROP STATUS	SAMPLE TYPE	TREATMENT
<input type="checkbox"/> Certified*	<input type="checkbox"/> Header/Farmer Dressed	Pickled <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seedcare*	<input type="checkbox"/> Processed	Coated <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Uncertified	<input type="checkbox"/> Reclean	Innoculated <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Retest	GMO <input type="checkbox"/> Yes <input type="checkbox"/> No

* If Certified or Seedcare, attach Authority To Move with delivery of first sample

TYPE CLEANER Static Mobile

LOT DESCRIPTION

No. Bags	Bag Size (KG*)	Total Weight
.....
.....
.....
.....	Remainder..... <small>* If Bulk Write Bulk</small>

Tag No.s 1. From To
 2. From To

Tag Colour (If Certified) Authority To Move No. (if Certified/Seedcare)

TESTS REQUIRED

Purity Germination Anguina Fluorescence WA Weed Seed Search Rumex sp.
 Poa sp Vulpia sp Other Tests (specify)

CERTIFICATE REQUIRED

Statement Of Analysis OIC BIC Interim Report Required at Purity

Samplers Name Signature

Lic No. (if applic.) Date