

Report #:

Date:

Seed Sample Submission Form

Sample Information

GROWER: _____

PCA: _____

PCA COMPANY: _____

SAMPLE DATE: _____

COUNTY: _____

EMAIL: _____

Billing Information

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____

P.O. # _____

EMAIL: _____

Unless a credit account has been established, payment by check, credit card, or cash is required at the time of sample delivery.

Testing Code(s)	Sample ID	Lot Number	Crop	Seed Count	Treated (Y/N)

*Testing cost includes analytical results, evaluation, and images when appropriate

**Average turnaround time is 10-14 business days

Estimated Cost: \$ _____

Authorized by: (signature) _____ (print) _____ Date: _____