

KIND : _____
 VARIETY : _____
 LOT I.D. : _____
 SEED TREATMENT : _____
 BAGS/BOXES _____ LBS. _____

TESTS REQUESTED: PURITY
 GERM Inventory Discount on Viability only
 TZ March – July: Yes___ No___

SPECIAL PROCEDURES: ISTA
 CANADIAN
 RUSH
 ASN
 FAX
 EMAIL

“CC” ADDITIONAL EMAIL ADDRESSES:

 OTHER

 For **ONLY** Idaho Crop Improvement Association Certified samples the following **MUST** be completed

SAMPLER : _____
 FIELD NUMBER : _____
 GROWER : _____
 CLASS : Foundation___ Registered___ Certified___ Uncertified___
 Selected Class___ Source Identified___ Generation___

 BILL CHARGES TO: :Name _____

