

NEBRASKA DEPARTMENT OF AGRICULTURE

Service Test Information Sheet

Mail this form and payment with each seed sample to: **NCIA Seed Laboratory**
P.O. Box 830911
267 Plant Science Hall
Lincoln, Nebraska 68583
Phone: (402) 472-1444

Make checks payable to **NCIA**.

DATE _____
NAME _____
ADDRESS _____ PHONE _____
CITY/STATE/ZIP CODE _____
KIND OF SEED SENT IN _____
VARIETY OF SEED SENT IN _____
SENDER'S MARK _____
AND/OR LOT NO. _____ AMOUNT FOR TEST(S) _____

KIND OF TEST DESIRED:

(Please check)

- | | |
|---|---|
| <input type="checkbox"/> Purity Only ¹ | <input type="checkbox"/> Cold Test |
| <input type="checkbox"/> Germination | <input type="checkbox"/> Stress Test (AA) |
| <input type="checkbox"/> Neb. Nox. Exam | <input type="checkbox"/> TZ Test |
| <input type="checkbox"/> Complete Test ¹ | <input type="checkbox"/> Bushel wt |
| <input type="checkbox"/> All States Noxious | <input type="checkbox"/> Seed Count |
| <input type="checkbox"/> Moisture | <input type="checkbox"/> _____ |

Additional Comments _____

Seed Treatment (**REQUIRED**) _____

¹REMIT DEPOSIT OF \$40 FOR NATIVE GRASS MIXTURES PER SAMPLE

FOR OFFICE USE ONLY

Payment:

Lab Number _____ Date Received _____
Check No. _____ Amount Received _____
Receipt No. _____ Bill? _____
Sender's Name _____
Address _____
City/State/Zip Code _____