

Iowa State University Seed Testing Laboratory Submission Form

ISU Account Number _____

Company _____ Contact Person _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Notes _____

Unique Sample ID	Variety	Lot #	Batch Number	Crop	Tests Requested

* = Unique Sample ID is a number supplied by the customer as a unique code for the sample