

Send samples to:
 PA DEPT OF AG – SEED LAB
 2301 NORTH CAMERON STREET
 HARRISBURG PA 17110

Pennsylvania Department of Agriculture
 Seed Sample Submission Form

Customer Information		Office use: Date Received:
Name:	Date Submitted:	
Address:	<input type="checkbox"/> -Email Seed Testing Reports <input type="checkbox"/> -Mail Seed Testing Reports (\$5 dollar extra report fee) <input type="checkbox"/> -Fax Seed Testing Reports (\$5 dollar extra report fee)	
Email Address:		
Phone Number:		

Sample Information		
Seed Kind and year harvested: *	Lot Number:	List seed treatment:
		Additional information:
*For mixture list all seed kinds and percentages (use back of page if necessary)		

Testing Information			
<input type="checkbox"/> PA Noxious Weed	<input type="checkbox"/> All States Noxious Weed	<input type="checkbox"/> Purity*	<input type="checkbox"/> Germination
<input type="checkbox"/> Cold	<input type="checkbox"/> Sand	<input type="checkbox"/> Glyphosate	<input type="checkbox"/> TZ
<input type="checkbox"/> Ryegrass Fluorescence	<input type="checkbox"/> Canada Noxious Weed	<input type="checkbox"/> Identification	<input type="checkbox"/> Seed Count
<input type="checkbox"/> Other: _____			
* Includes PA Noxious Weed			

Billing/Invoice Information (if different from customer information; Extra Report Fee will be applied)	
Name:	<input type="checkbox"/> Use address above
Address:	

Please direct any questions for testing to the Seed Laboratory 717-772-5534.