

SEED SAMPLING REQUEST FORM

To request sampling services, e-mail completed form to: seedservices@oda.state.or.us

DATE:
 APPLICANT/COMPANY:
 CONTACT PERSON:
 PHONE #: FAX #:
 E-MAIL:

Split samples need to have a label for each sample destination or laboratory.
 Requested tests must appear on the label, or contact our office for instructions to make your request.

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| COMPANY: | AT: |
| KIND: | |
| LOT NO: | |
| SACKS: | POUNDS: |
| DELIVER SAMPLE TO: | |
| TEST/S REQUESTED: | |
| ORIGIN: | DESTINATION: |

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| KIND: | |
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