

Please post samples and this form to: PO Box 1335, Tullamarine, 3043, VIC

For enquiries & minimum sample weights:

Phone: (03) 8318 9024 or Email: seedsadmin@bvaq.com

SEED SAMPLE REGISTRATION REQUEST FORM

Submitted By: _____
 Grower Trading Name: _____
 Statement in the Name of: _____
 Copy To: (i) _____
 Copy To: (ii) _____
 Invoice To: _____
 Other Tests Invoiced To (e.g. Endophyte, TZ, Urgent): _____

Lab No. (office use only)

Order/PO No. (If required)

CROP DETAILS

Seed Type: _____ Cultivar: _____

Paddock Name / ID: _____ Lot No. (Sample Reference ID): _____

SEED CLASS / SCHEME		SAMPLE TYPE			SEED TREATMENT		
<input type="checkbox"/> OECD	<input type="checkbox"/> AOSCA	<input type="checkbox"/> Header / Farmer Dressed / Pre-Germ			Pickled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Australian Domestic	<input type="checkbox"/> Seedcare	<input type="checkbox"/> Processed	<input type="checkbox"/> Chaff	<input type="checkbox"/> Reclean	Coated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Uncertified	<input type="checkbox"/> Retest	<input type="checkbox"/> Re-bagged	<input type="checkbox"/> Blended	Pelleted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If certified, attach Authority To Move (ATM) with delivery of first sample

Is the sample Genetically Modified (GMO): Yes No

SEED TREATED WITH**: _____

Sample may not be tested if treatment not specified

TOTAL LOT WEIGHT DESCRIPTION (This refers to the total weight of the consignment, NOT the weight of the sample submitted).

No. Bags	Bag Size (kgs) *If Bulk Write Bulk*	Total Lot Weight (kgs)

Tag Numbers 1. From: _____ To: _____

2. From: _____ To: _____

Tag Colour (If certified): _____ Authority To Move No. (If certified): _____

TESTS REQUIRED

Moisture tests must be submitted as a separate, plastic, double-bagged sample

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Purity | <input type="checkbox"/> Germination | <input type="checkbox"/> Moisture*** | <input type="checkbox"/> Germination Seed Mix |
| <input type="checkbox"/> Soil % | Pre-chill: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Anguina Search | <input type="checkbox"/> Endophyte (Squash) |
| <input type="checkbox"/> 1000 Seed Weight | <input type="checkbox"/> Tetrazolium (TZ) | <input type="checkbox"/> Cold Test | <input type="checkbox"/> Endophyte (Grow Out) |
| <input type="checkbox"/> Seeds per kg | <input type="checkbox"/> Fluorescence | <input type="checkbox"/> Vigour | <input type="checkbox"/> Urgent / Priority 1-2 Days T.A.T |
| <input type="checkbox"/> EU Compliance | <input type="checkbox"/> WA Compliance | <input type="checkbox"/> Other Tests (please specify): _____ | |
| <input type="checkbox"/> Weed Seed Search Tasmania | <input type="checkbox"/> Weed Seed Search New Zealand | | |
| <input type="checkbox"/> Weed Seed Search Other: _____ | | | |

CERTIFICATE(S) REQUIRED

- | | |
|--|--|
| <input type="checkbox"/> Statement of Analysis | <input type="checkbox"/> OECD Varietal Certificate |
| <input type="checkbox"/> ISTA Orange International Certificate (OIC) | <input type="checkbox"/> ISTA Blue International Certificate (BIC) |

Advise Seal of lot: Metal Clip Single Line Stitching Anti-tamper adhesive patch Other: _____

Country Destination for Export: _____

SAMPLER DETAILS

Samplers Name: _____

Manually Sampled

Licence No. (If applicable): _____

Signature: _____

Automatically Sampled (Not for ISTA)

ID of Sampling Equipment: _____
 (Trier / Pelican) (OIC only)

Date Sampled: _____