

SEED GERMINATION ANALYSIS REQUEST FORM



SOIL & FEED TESTING LABORATORY
P.E.I. DEPARTMENT OF AGRICULTURE & FORESTRY
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 CHARLOTTETOWN, P.E.I. C1A 7N3
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CLIENT NUMBER (TAX EXEMPT NUMBER):	NAME:	TELEPHONE NO:	FAX NO:	EMAIL ADDRESS:
ADDRESS:		POSTAL CODE:	COPIES TO:	

SAMPLE I.D.	SPECIES	VARIETY	PACKAGE / ACCRED. STATUS	METHOD / COUNT DAYS	INITIAL PLANT FOR P.C.		INITIAL PLANT FOR / GERM. ONLY		P.C. MOVE TO GERMINATOR		COUNT DATES	
					DATE	TEMP.	DATE	TEMP.	DATE	TEMP.	FIRST	FINAL
1.												
2.												
3.												
4.												

SHADED AREAS OFFICE USE ONLY:

PACKAGES

- P1 GERMINATION PACKAGE (%) Germination, TKW
- P1V GERMINATION & VIGOR (%) Germination, TKW, Vigor
- PV VIGOR ONLY (%) Vigor
- P2 THOUSAND KERNAL WEIGHT ONLY
- P3 GERMINATION PACKAGE (Grasses) (%) Germination

FEES (GST NOT INCLUDED)

	FARMER**	NON-FARMER
	\$ 6.00	\$12.00
	\$12.00	\$24.00
	\$ 6.00	\$12.00
	\$ 3.00	\$ 6.00
	\$12.00	\$24.00

* Farmer is defined as an individual or company who is the holder of a valid Tax Exempt Permit (blue plastic only) as issued by the Provincial Treasurer

DATE REC'D:	# of SAMPLES:	DIST.AGRIC.OFFICE:	ACCESSION NO:
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SAMPLE #				
Seeds per rep				
Normal				
Abnormal				
Dead				
Hard				
% Germ				
Comments				
500 Wt.		TKW		

SAMPLE #				
Seeds per rep				
Normal				
Abnormal				
Dead				
Hard				
% Germ				
Comments				
500 Wt.		TKW		

SAMPLE #				
Seeds per rep				
Normal				
Abnormal				
Dead				
Hard				
% Germ				
Comments				
500 Wt.		TKW		

SAMPLE #				
Seeds per rep				
Normal				
Abnormal				
Dead				
Hard				
% Germ				
Comments				
500 Wt.		TKW		

Analysis completed by:

Date: