



Agriculture and Markets

New York State Seed Testing Laboratory

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Company Name: _____

Name: _____

Address: _____

Telephone/FAX: _____

Make Checks Payable to: NYS Department of Agriculture & Markets (We are unable to accept credit cards at this time)

Email: _____ Email my results: Yes No

Kind	Lot #	Treatment(s)* (if organic or untreated write "none")	Certified? Yes/No

*Treatment identification is required. Samples with unidentified treatment will be returned to the sender if the treatment is not identified within 14 days of receipt.

Services Requested: Please check test requests.

Purity Germination

Noxious weed exam (circle states that apply) Other tests:
NY is the default:

- | | | | | | | | | | | |
|----|------------|----------|--------------------------|-----------|--------------------------|------------|--------------------------|---------------------|--------------------------|-----------------------|
| NY | All States | Lower 48 | <input type="checkbox"/> | cold test | <input type="checkbox"/> | seed count | | | | |
| AL | AK | AZ | AR | CA | CO | CT | <input type="checkbox"/> | moisture | <input type="checkbox"/> | Tetrazolium (TZ) test |
| DE | FL | GA | HI | ID | IL | IN | <input type="checkbox"/> | seed identification | <input type="checkbox"/> | accelerated aging |
| IA | KS | KY | LA | ME | MD | MA | Additional Tests: | | | |
| MI | MN | MS | MO | MT | NE | NV | | | | |
| NH | NJ | NM | NC | ND | OH | OK | | | | |
| OR | PA | RI | SC | SD | TN | TX | | | | |
| UT | VT | VA | WA | WV | WI | WY | | | | |