

CONTACT DETAILS	Contact	E-mail	Address
Applicant			
Billing			
Sending of results			
Delivery date wanted: _____ Quotation n**: _____ Purchase order*: _____			<small>* Required fields if you want this information to appear on your invoices.</small>

TESTS													
Species	Variety	Coated seeds	Treated seeds	Name of the treatment <small>(required in the case of "treated" seeds. Without mention of the trade name or active ingredient, the request will be blocked upon receipt).</small>	Desinfected seeds	GMO	Sample / Seed lot reference	Year of harvest	Thousand Weight Seeds (TWS)	Test code	Test name *	Unit price € HT	SNES frame
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**** Please indicate any information useful for the good realization of tests**
ex. pathogen(s) to search, treatment applied to seeds other than coated/treated (biostimulant, biocontrol, physical treatment...)

BULLETINS					Total HT	Date :
SNES	Définitive	Provisionnal	Duplicate	Nr duplicate	TVA 20%	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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