

SEED SAMPLING REPORT

ISTA laboratory accredited for sampling : FRDL0200

Sampling site: _____

MANDATORY INFORMATION

SEED LOT INFORMATION

Mark of the lot: _____

Seal of the lot: SOC SNES Other _____

Type of the seal: Adhesive label. Sewn certif. Metallic seal
 Valve bag Stuck box Other _____

Small seed lot *that justifies the preparation of a submitted sample smaller than the prescribed size, according to the applicant's instructions.*

SUBMITTED SAMPLE INFORMATION

Sealed type: Adhesive SOC « under SOC control » Other _____

Number of submitted samples: _____

Type and indicative weight: PU/GE* _____ g DEN* _____ g TE* _____ g QS* _____ g
Other: _____ g

* PU/GE : Purity / Germination – DEN : Other seed by number – TE : Moisture content– QS : Seed health test

COMPLEMENTARY INFORMATION

Sampling number, if relevant: _____

Nb and packaging type _____ of _____ kg / seeds
 _____ of _____ kg / seeds
 _____ of _____ kg / seeds
 _____ of _____ kg / seeds

Comments: _____

COMMITMENT OF THE RECOGNISED SAMPLER

I certify that the sampling has been carried out in accordance with the current ISTA Rules.

Signature:

Date _____

Name _____

AREA RESERVED FOR SNES/THE LAB

APPLICANT INFORMATION

Name and address of applicant: _____

To be completed if different from the applicant:

Billing address: _____

Sending address for OIC: _____

OIC to be established on behalf of: _____

SEED LOT INFORMATION

Laboratory where the analysis is requested: _____ Country: _____

Species: _____ Variety *: _____ Seeds category*: _____

Lot weight: _____ Mark of the seed lot : _____ Harvest n-1 Off-season

Seeds : GMO Coated Country(ies) receiving the seed lot*: _____

TREATED SEEDS

Disinfectant Phytopharmaceuticals Biostimulant Biocontrol Physical

H&S information for GEVES, trade name: _____

Information to be reported on the OIC: _____

WANTED TEST

Purity Other seeds by number Germination Tetrazolium test

Moisture content Thousand Seed Weight (TSW)

Other seeds by number, limited test – Species to be looked for: _____

Seed health (specify) : _____

Other (specify) _____

INFORMATION FOR DRAWING UP THE OIC

Certificate in FR EN Number of provisional OIC _____ Number of duplicate OIC _____

Desired date for receipt of results*: _____

Provided that the time limit is compatible with the duration of the analyses and the date of receipt of the sample at the laboratory.

Comment or mention to be included on the back of the OIC *letter of credit number, name of an intermediary, bank references...** :

APPLICANT'S COMMITMENT

I certify that the information carried on this document is correct.

Done at _____ Date _____ Name _____

Signature:

Stamp: