



**SEED SAMPLE TESTING FORM
FOR MACS COVER CROPS
Use a Separate Form for Each Submitted Sample**

Name/Farm Name: _____

Address: _____

Telephone: _____

FID/Social Security No. (Only Last Four Digit Needed For Existing Customers) _____

Bill Name and Address (if different than above):

Crop Kind: (Circle One) Wheat, Barley, Rye, Other: _____

Lot Number: _____

Is This Sample Treated: Yes _____ No _____

All Treated Samples Must State the Name of Treatment: _____

Bushels Represented By Test Lot: _____

Seed samples should be approximately 2 lbs minimum (lunch bag or quart jar size).

There is a \$30.00 fee per sample for testing. Bills will be mailed at the end of the month in which test was completed. Test results will be mailed the same day they are completed.

Mail samples to: MD Seed Lab, 50 Harry S Truman Parkway, Annapolis, MD 21401