

SPACE FOR LAB

DATE:

REQUEST:

SAMPLE CODE:

TESTING APPLICATION FORM – SEED SAMPLES (MD008 REV.11 del 09.10.26)

Company: _____ Contact person: _____

Tel.: _____ E-mail: _____

Crop	Variety	Lot nr	Sample size	Detections

Remarks:

FOR NEW CUSTOMERS: COMPANY DATA FOR INVOICING

Company name: _____

Address: _____

Vat nr.: _____

E-mail: _____

Space for lab _____