

SEED GERMINATION ANALYSIS REQUEST FORM



PEI ANALYTICAL LABORATORIES
 P.E.I. DEPARTMENT of AGRICULTURE & FORESTRY
 23 Innovation Way, P.O. BOX 2000
 Charlottetown, P.E.I. C1E 0B7
 TELEPHONE: 902-620-3300 FAX: 902-368-6299



CLIENT NUMBER (TAX EXEMPT NUMBER):	NAME:	TELEPHONE NO:	FAX NO:	EMAIL ADDRESS:
ADDRESS:		POSTAL CODE:	CIVIC ADDRESS:	COPY TO:

Sample I.D. &/or Variety	Species	Package - Accred. Status - Crop Certification No.	Substrata & Final Count Days	Initial Plant for Samples Requiring P.C.		Initial Plant Germ. Only (No P.C.)		Samples Requiring P.C. Move to Germinator		All Sample Count Dates	
				DATE	TEMP.	DATE	TEMP.	DATE	TEMP.	FIRST	FINAL
1.											
2.											
3.											
4.											

Shaded areas for office use only

PACKAGES

- P1 GERMINATION PACKAGE (%) Germination, TKW
- P2 THOUSAND KERNAL WEIGHT ONLY
- P3 GERMINATION ONLY (Grasses)
- PV VIGOR ONLY (%) Germination, TKW

FEES (HST NOT INCLUDED)

	FARMER**	NON-FARMER
	\$ 6.00	\$12.00
	\$ 3.00	\$ 6.00
	\$12.00	\$24.00
	\$ 6.00	\$12.00

**Farmer is defined as an individual or company who is holder of a valid Tax Exempt Permit (white plastic only) as issued by the Provincial Treasurer.

All tests in accordance with C.F.I.A. Methods and Procedures Manual.

www.gov.pe.ca/agriculture/labservices

DATE REC'D:	# of SAMPLES:	ACCESSION NO:
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Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Laboratory services. This information may be disclosed in the event of regulatory requirements. If you have any questions about this collection of personal information, you may contact PEI Analytical Laboratories at 620-3300. (Revision 11 – June 13, 2013)

SEED GERMINATION ANALYSIS REQUEST FORM

Sample #		Date			
Seeds per rep					Percentage
Normal					
Percent					
Abnormal					
Dead					
Hard					
% Germ.					
Comments					
500 Wt.		Tolerance Checked			

Sample #		Date			
Seeds per rep					Percentage
Normal					
Percent					
Abnormal					
Dead					
Hard					
% Germ.					
Comments					
500 Wt.		Tolerance Checked			

Sample #		Date			
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