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## SEED SAMPLE SUBMISSION FORM

\*\*\*SAMPLE SUBMISSION DEADLINE – JANUARY 31\*\*\*

1. Please collect only mature seeds as immature seeds are difficult to germinate.
2. Air dry seeds at room temperature for a day or two before shipping.
3. Ship only dry seeds packaged in a paper envelope (do not ship seeds in Ziplock bags as seeds may become moldy if not fully dry).
4. Send only pure seed (no chaff). Samples that are submitted with chaff that require cleaning will attract an additional rough charge.
5. Indicate the herbicide (s) you want the sample to be tested against.

SAMPLE SUBMITTED BY	
Company: _____	Contact Name: _____
Mailing Address: _____ Phone: _____	
City: _____ Prov: _____ PC: _____ Email: _____	
FIELD INFORMATION:	
Weed Type:	Field ID:
Date of Collection:	Herbicide Use in Previous Cultivation:
Field Desiccated this Season: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Group 1: <input type="checkbox"/> Fenoxaprop <input type="checkbox"/> Quizalofop <input type="checkbox"/> Sethoxydim <input type="checkbox"/> Clethodim <input type="checkbox"/> Clodinafop <input type="checkbox"/> Pinoxaden <input type="checkbox"/> Tralkoxydim	
Group 2: <input type="checkbox"/> Imazamox <input type="checkbox"/> Metsulfuron <input type="checkbox"/> Thifensulfuron <input type="checkbox"/> Florasulam <input type="checkbox"/> Imazamox+Imazapyr <input type="checkbox"/> Pyroxsulam <input type="checkbox"/> Thifensulfuron+Tribenuron <input type="checkbox"/> Flucarbazone <input type="checkbox"/> Imazamox+Imazethapyr <input type="checkbox"/> Thiencazobone <input type="checkbox"/> Tribenuron <input type="checkbox"/> Imazethapyr	
Others: <input type="checkbox"/> Bromoxynil (Gr.6) <input type="checkbox"/> Halauxifen (Gr.4) <input type="checkbox"/> Glyphosate (Gr.9) <input type="checkbox"/> Dicamba (Gr.4) <input type="checkbox"/> Carfentrazone (Gr.14) <input type="checkbox"/> Flurozypyr (Gr.4) <input type="checkbox"/> Triallate (Gr.8) <input type="checkbox"/> Salfufenacil (Gr.14) <input type="checkbox"/> Ethalfuralin (Gr.3) <input type="checkbox"/> Glufosinate (Gr.10) <input type="checkbox"/> Trifluralin (Gr.3)             Other: _____	