

## WEED SEED SAMPLE SUBMISSION FORM

\*\*\*Sample submission deadline – March 1\*\*\*

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 may be subject to an additional rough charge.
5. Indicate the herbicide (s) you want the sample to be tested against.

**Resistance Bioassay Price (cost per herbicide/ bioassay) - \$135.00 + GST**

| 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"/> Thiencazabazone   | <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"/> Glufosinate (Gr.10)       | <input type="checkbox"/> Trifluralin (Gr.3) |
| <input type="checkbox"/> Ethalfluralin (Gr.3)                                             | <input type="checkbox"/> Triallate (Gr.15) | <input type="checkbox"/> Salfufenacil (Gr.14)      | <input type="checkbox"/> Other: _____       |