



BOTSWANA SEED TESTING LABORATORY

SAMPLE SUBMISSION CARD

Grower`s Name: _____

ID number: _____

Address: _____

Telephone No: _____

Crop: _____

Variety: _____

Lot No: _____

No of bags/seed lot size: _____

Seed class: Breeder`s seed/Basic seed/Certified seed/Government tested seed (please tick)

Seed status: Treated/Untreated (please tick)

Sampled by: _____

Date sampled: _____

Tests required (Please select from table below):

Moisture	
Purity	
Germination	

Table 1: Available tests

Office:-

Received by: _____

Sample ID No: _____

Date received: _____