



SPACE FOR LAB

DATE:	REQUEST:
SAMPLE CODE:	

**TESTING APPLICATION FORM – SEED SAMPLES** (MD008 REV.7 del 07.12.2023)

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 \_\_\_\_\_  
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