(REV 5/20)

DRY BEAN SEED SAMPLE ANALYSIS REQUEST FORM

(In accordance with Act 329, Public Acts 1965 as amended)

DELIV BY

PACKAGE

REMITTANCE

MICHIGAN DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT
PESTICIDE & PLANT PEST MANAGEMENT DIVISION
PLANT PATHOLOGY LABORATORY
1615 SOUTH HARRISON ROAD
EAST LANSING, MI 48823

ELIZABETH DORMAN
PLANT PATHOLOGY LAB MANAGER
PH: 517.284.0503
FAX: 517.284.0457

NAME EMAIL CK #

ADDRESS CITY/STATE /ZIP PHONE #/FAX # RECEIPT #

Consult Schedule of Fees for sample weights to submit and current fees. Make check or money order payable to State of Michigan. Customers not providing payment will be billed at the address given. Seed samples must be properly drawn, be representative of the lot and shall consist of 5 lb. samples. Include a lot number with each sample. Mail or bring samples to the lab in strong containers such as heavy paper or cloth bags, cardboard cartons, metal cans, etc. Send samples to the address shown above and please complete this form and include with each sample or group of samples submitted for testing. You may duplicate this form or request more as needed. Avoid phoning for sample results unless absolutely necessary. Results will be mailed as soon as they are available. This lab performs the disease testing on field beans only.
Note: Chemically treated seed will not be accepted for blight testing.

CHECK TESTS DESIRED

SEED KIND & VARIETY IF KNOWN	LOT NO.	BLIGHT Oct-Dec 15.....$15 Dec16-March 30.....$25 Out-of-State.....$40	MOSAIC Oct-Jan 15 .....$10 Out-of-State $30	ANTHRACNOSE Oct-March30..... $30 Out-of-State..... $50	LAB USE ONLY LAB NO.

***'OTHER TEST' EXPLANATION AND/OR REMARKS:**