



CARRY OVER PLANTING SEED AGENCY RE-TEST REPORT

CSD Agent _____ Location _____

Contact Name _____ Email _____

Phone _____ Fax _____

Date received _____ Test results supplied _____

Tests required 7 day warm germination 7 day cool germination Seeds/kg

TEST RESULTS

Variety					
Lot Number					
7 Day Warm %					
7 Day Cool %					
Seeds/Kg					

Comments

Signed _____

Date _____