

Refuge Testing for Midge Tolerant Wheat

Please submit one sample for each field or CSGA Crop Sequence Number.

Supplies required for each sample:

- SGS Sherwood Park Seed Lab Sample Submission Form (page 2)
- Seed envelope/bag and shipping bag
- **500 grams** (approximately 1 lb.) of untreated wheat seeds

1. Complete all sections of the Sample Submission Form.

Please do not submit CSGA's Refuge Declaration Form 182 with samples.

2. Label a large paper envelope/bag with the Grower's name and seed sample identification (i.e., RSE, Sequence or Field number).
3. Deposit 500 grams (approximately 1 lb.) of the seed to be tested in the labeled paper envelope/bag. The seeds being submitted for testing should not have been treated.

**** If other seed quality testing (germination, TKW, disease, etc.) is also being done on this sample, please include an additional 500 grams of seed.***

4. Enclose page two (2) of the completed Sample Submission form inside the envelope/bag containing the seed sample. Seal the envelope/bag.
5. Address the shipping envelope to the following:

SGS Canada Inc.
Unit #310, 280 Portage Close Sherwood Park, AB T8H 2R6
Phone: 1-800-952-5407

**SGS Sherwood Park will pay freight costs, please arrange prior to shipping by calling our office.*

Refuge Testing for Midge Tolerant Wheat - SAMPLE SUBMISSION FORM

Complete all sections. **Submit one completed form per sample (CSGA Sequence #).**

Submit completed form and wheat sample to SGS Sherwood Park Seed Lab.



GROWERS CONTACT INFORMATION		CSGA Grower #:		
Name:		Email Address:		
Mailing Address:		City/Town, Province:		Postal Code:
Phone #:		Fax #:		
Test results will be reported to the Grower noted above, the seed distributor, and the CSGA.				
SAMPLE IDENTIFICATION		RSE #:	CSGA Sequence #: (required)	
Field #:		Other Unique Identifiers:		Crop Year:
Pedigreed Seed Class (Check one): <input type="checkbox"/> Select <input type="checkbox"/> Foundation <input type="checkbox"/> Registered <input type="checkbox"/> Certified				
Varietal Blend (Check one):				
AAC Russel/ AC Brandon <input type="checkbox"/>	AC Unity/ AC Waskada <input type="checkbox"/>	AAC Marchwell/ AAC Raymore <input type="checkbox"/>	AC Fieldstar/ AC Waskada <input type="checkbox"/>	AC Goodeve/ AC Intrepid <input type="checkbox"/>
AAC Tenacious/ AAC Crusader <input type="checkbox"/>	AC Shaw/ AC Domain <input type="checkbox"/>	AAC Foray/ AAC Penhold <input type="checkbox"/>	AC Glencross/ AC Burnside <input type="checkbox"/>	CDC Utmost/ Harvest <input type="checkbox"/>
AAC Warman/ AC Tisdale <input type="checkbox"/>	AC Conquer/ 5701PR <input type="checkbox"/>	AAC Weyburn/ CDC Precision <input type="checkbox"/>	AC Enchant/ AC Crystal <input type="checkbox"/>	AC Vesper/ AC Waskada <input type="checkbox"/>
	CDC Titanium/ AC Stettler <input type="checkbox"/>	CDC Carbide/ CDC Vivid <input type="checkbox"/>	AAC Jatharia/ AC Carberry <input type="checkbox"/>	AAC Cameron/ AC Carberry <input type="checkbox"/>
	CDC Landmark/ AAC Viewfield <input type="checkbox"/>	AAC Prevail/ CDC Plentiful <input type="checkbox"/>	CDC Hughes/ Cardale <input type="checkbox"/>	SY479/ SY433 <input type="checkbox"/>
	CDC Adamant/ CDC Bradwell <input type="checkbox"/>	AAC Awesome/ AC Andrew <input type="checkbox"/>	AAC Chiffon/ AC Andrew <input type="checkbox"/>	AAC Paramount/ AC Andrew <input type="checkbox"/>
SY Brawn/ SY Cast <input type="checkbox"/>	AAC Indus/ AC Andrew <input type="checkbox"/>	KWS Sparrow/ KWS Alderon <input type="checkbox"/>	AAC Succeed/ CDC Alloy <input type="checkbox"/>	SY Chert/ SY Sovite <input type="checkbox"/>
AAC Broadacres/ AAC Brandon <input type="checkbox"/>	AAC Starbuck/ AAC Brandon <input type="checkbox"/>	AAC Wheatland/ AAC Brandon <input type="checkbox"/>	AAC Alida/ AAC Brandon <input type="checkbox"/>	AAC Leroy/ AAC Redberry <input type="checkbox"/>
I declare that a representative seed sample from the above field has been submitted for analysis. (Check box) <input type="checkbox"/>				
ACCEPTANCE OF TERMS AND CONDITIONS				
I have read, understood and agree to the terms and conditions.			Date:	
Name (please print):			Signature:	
Payment: Payment will be due upon completion of testing and receipt of invoice. FEES: Contact Lab for Quote		This form must be completed, signed and submitted with the sample in order for testing services to be provided. Services are subcontracted. All SGS services are rendered in accordance with the applicable SGS conditions of service available on request and accessible at http://www.sgs.com/en/Terms-and-Conditions.aspx		
OFFICE USE ONLY:		SGS Canada Inc. Unit 310, 280 Portage Close Sherwood Park, AB T8H 2R6 Biovision.SherwoodPark@sgs.com		