Company name :……………………………………… Client number :………………………………………

Address :……………………………………… Reference number invoice :………………………………………

Zip code/City :……………………………………… Attest/Certificate : [ ]  Naktuinbouw [ ]  Blue ISTA

Contact person :……………………………………… Language : [ ]  Dutch [ ]  Eng

E-mail address :……………………………………… Testing for :………………………………………

Phone number :……………………………………… Number of seeds :………………………………………

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Nr.*** | ***Number of Naktuinbouw*** | ***Crop*** | ***Variety*** | ***Urgent*** | ***Treated seeds*** | ***Coated or pelleted seeds*** | ***Lot number*** | ***Weight of lot\**** | ***Destination*** | ***Remarks*** |
| 1. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 2. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 3. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 4. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 5. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 6. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 7. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 8. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 9. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |
| 10. |  |  |  | [ ]  | [ ]  |  |  |  |  |  |

**\*=Fill in only in case of Blue ISTA**

**Send to Naktuinbouw Laboratory:** City:

Postbus 40, 2370 AA ROELOFARENDSVEEN

Phone number: (071) 332 62 40 – laboratoria@naktuinbouw.nl Date:

 Signature: