

New Mexico Pre-Varietal Germplasm Tag Request Form

Completed by Company or Seed Conditioner

Date of tag request: _____ Date tags are needed: _____

Company requesting tags: _____

Seed Conditioner where seed is located: _____

Tags requested by: _____ Phone number: _____

Grower: _____ Field number: _____

Species: _____ Germplasm ID: PVGNM _____

Select: _____ Generation: G _____

___ Source Identified _____ Lot number: _____

___ Selected _____ Test number: _____

___ Tested _____

Number of tags requested: _____ Total weight to tag: _____ lbs / kg (*circle one*)

Completed by NMSU SCNWFP

Germplasm status: _____

Seedling status: _____

Crop inspection status: _____

Purity analysis: _____

Completed by Sampler/Tagger

Number of tags printed: _____ Number of tags used: _____

Tags mailed/delivered to: _____ Date: _____

Sampler's signature: _____

Date: _____