## ENDOPHYTE TESTING SUBMITTAL FORM

## **Instructions**

Please be sure individual samples are clearly marked and use this form to describe samples and tests wanted, using one form for each sample. Place the completed form in an envelope and enclose the form inside the package or box but outside the plastic bag that contains the samples. Copying the form is allowed, but if additional forms are needed or you have questions please call the Seed Testing Laboratory at 859-257-2785.

Samples can be delivered to the laboratory Monday – Friday from 7:30 am – 5:00 pm. Our building is on the corner of University and Alumni Drives (near Commonwealth Stadium) on UK's campus in Lexington. Samples can also be mailed to our attention. When mailing samples, seal bags well and include a cold pack. Refrigerated storage after sampling is best to ensure sample quality, but if not possible, do not let the container sit in the sun or get too hot. Deliver or send samples early in the week to avoid the possibility that samples will sit along the route in hot trucks.

Mail to the address below:

Seed Testing Laboratory 103 Regulatory Services Bldg. University of Kentucky Lexington, KY 40546-0275

SEND NO MONEY WITH SAMPLES. Sample results will be mailed, faxed or emailed as soon as complete. Billing occurs at the first of the month following the month when the testing was finalized. A billing statement of charges will be mailed after the laboratory analysis is completed. Charges for processing samples are as follows: \$35 for 1 to 50 specimens and \$60 for 51 to 100 specimens. Checks should be made payable to the Division of Regulatory Services.

For more information regarding endophyte testing and sampling, please refer to PPA 30: **Sampling for the Tall Fescue Endophyte in Pasture or Hay Stands**, available from your local county Cooperative Extension office or at: www.uky.edu/Ag/Forage. Additional resources are also available.

For a complete list of available tests and prices visit the Seed Testing Laboratory website: www.rs.uky.edu.

## ENDOPHYTE TESTING SUBMITTAL FORM

Name				_
Address				_
City		State	Zip	_
Sample Kind		Variety (if known) _		_
Lot Number or Sample Desig	gnation		_	
Test Wanted (Please circle)	:			
Endophyte: Plants		Seeds		
Other:				
Advance Report Wanted:	•		☐ By Fax Number:	
	Email:			

The laboratory's findings will be reported to the person who submitted the sample with a copy to the county Extension agent only when requested. The report will indicate the percentage of tillers submitted that were infected with the endophyte. No recommendation as to how this level of infection will affect animals will be included. This is because the acceptable level of infection is highly dependent upon the particular farming system involved. After receiving the results, you are encouraged to meet with your local county Extension agent to discuss management options. If you want a carbon copy to go to another person, list the name and address or email below:

