

<h1 style="margin:0;">Crop Protection Laboratory</h1>	<h2 style="margin:0;">Herbicide Resistance</h2>	Lab #:
Send Samples and Forms to: Ph: 306-787-8130 1610 Park Street cpl@gov.sk.ca Regina SK S4N 2G1 DO NOT SEND PAYMENT WITH THE SAMPLE	Payment Method: <input type="checkbox"/> Credit <input type="checkbox"/> Debit	Date Paid: <hr/> Total Amount Owing: <div style="font-size: 2em; font-weight: bold;">\$</div>

If you suspect resistance, do NOT wait for confirmation to initiate corrective measures.
 Testing is conducted between January and June - we CANNOT guarantee test results will be available prior to seeding.
 Method used for testing is intended to determine resistance to a herbicide GROUP with a common mode of action, NOT to individual herbicides.

Contact Information for Processing and Payment (required*)				
Company			Contact for Payment Name*	
Address*			Email*	
Town/City*	Province*	Postal Code*	Work/Home Phone*	Cell Phone

Field ID (e.g. Mom's Field)	* Land Location or GPS	Quarter	Section	Township	Range	Meridian	Latitude:	Longitude:
							N	W

*Weed Type (choose one): <input type="checkbox"/> Wild Oats <input type="checkbox"/> Green Foxtail (Wild Millet) <input type="checkbox"/> Kochia <input type="checkbox"/> Wild Mustard <input type="checkbox"/> Shepherd's Purse <input type="checkbox"/> Other (please specify) _____ <small>Note: not all Groups are tested on all weed types listed above</small>	Each sample <u>MUST</u> contain: <ol style="list-style-type: none"> 1. At least 2,000 <u>dry, mature seeds</u> for <u>each test</u> 2. No stems 3. No glyphosate applied 4. Completed form (DO NOT include payment)
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*****Please specify priority** (if insufficient seed, lab will choose which subgroup is tested, unless you specify priority)

Herbicide Group 1	SK (\$)*	Non-SK (\$)*	Priority	Herbicide Group 2	SK (\$)*	Non-SK (\$)*	Priority	Other Herbicide Groups	SK (\$)*	Non-SK (\$)*	Priority
<input type="checkbox"/> fops	125	200		<input type="checkbox"/> imi	125	200		<input type="checkbox"/> 3	125	200	
<input type="checkbox"/> dims	125	200		<input type="checkbox"/> TZP	125	200		<input type="checkbox"/> 15 - Triallate	125	200	
<input type="checkbox"/> dens	125	200		<input type="checkbox"/> SACT	125	200		<input type="checkbox"/> 9 / glyphosate	125	200	
<input type="checkbox"/> clethodim	125	200		<input type="checkbox"/> SU	125	200		<input type="checkbox"/> Other _____	125	200	
Amount Due:											

*GST not included – 5% GST will be added to totals (calculated by the Lab)