Australian Government
Department of Agriculture,
Fisheries and Forestry

Seeds Health Testing Request Form (Updated 01/03/2024)

Date:	**AIMS Entry No.:**
Import Permit Number:	**Genus/species/variety:**
Lot number/s:	

☐	☐
Department of Regional NSW Plant Health Diagnostic Service Elizabeth Macarthur Agricultural Institute Woodbridge Road Menangle NSW 2568 Phone: 02 4640 6327	Department of Energy, Environment and Climate Action (DEECA) Crop Health Services, AgriBio, 5 Ring Road La Trobe University Bundoora, VIC 3083 Phone: 03 9032 7515

Contact details	**Sample size (mark X)**
Importer Name/Broker: Phone: E-mail: **If using the selected laboratory for the first time please also provide:** Company name: ABN: Billing Address: Name, email address and phone number for contact person:	☐ 20,000 seeds (Solanaceae host species) ☐ 9,400 seeds (Cucurbit host species) ☐ For smaller sample lots (20%): Weight of sample(g) or seed count .... ☐ Pooled sample

Requested test/s (mark X)	Has the seed been treated? **(mark X)**
For Tomato: ☐ Pepino mosaic virus ☐ Tomato brown rugose fruit virus ☐ Tomato mottle mosaic virus ☐ Specified viroids (Columnea latent viroid, Pepper chat fruit viroid, Potato spindle tuber viroid, and Tomato apical stunt viroid)	☐ Yes ☐ No Please provide chemical name and dosage:
For Capsicum: ☐ Specified viroids (Columnea latent viroid, Pepper chat fruit viroid and Potato spindle tuber viroid) ☐ Tomato brown rugose fruit virus ☐ Tomato mottle mosaic virus	
For Cucurbit host species: ☐ Cucumber green mottle mosaic virus (CGMMV) ☐ Melon necrotic spot virus (MNSV) ☐ Kyuri green mottle mosaic virus (KGMMV) ☐ Zucchini green mottle mosaic virus (ZGMMV)	

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Client declarations:

I/We:

- authorise testing of the submitted seed and agree to pay for all costs incurred in this testing.
- agree to arrange payment of all costs with the testing laboratory.
- acknowledge that the tests performed onshore are destructive in nature and all seed tested will not be returned.
- acknowledge that a specified sample size per lot is required for the test.
- acknowledge that the laboratory will provide the department with copies of all reports, including interim reports. request that the laboratory give the department full rights to negotiate details of testing process, additional testing as required and destruction of samples as required.
- authorise the department to arrange transfer of seed sample to testing laboratory with a courier company.

Client name:	
On behalf of:	
Importer business name:	
Importer Address:	
Signature:	
Date:	

Instruction for testing laboratory:

Please e-mail results to the selected department regional office (client to mark 'X')

☐ **Adelaide** Email: saplantquarantine@aff.gov.au
☐ **Brisbane** Email: NERPSG@aff.gov.au
☐ **Melbourne** Email: southeast.inspectionsupport@aff.gov.au
☐ **Perth** Email: waimports@aff.gov.au
☐ **Sydney** Email: CER.NurseryStock@aff.gov.au