

Thank You!

Section E

To be completed by SEED Lab. Do not write in this box.

____ / ____ / 20 ____ : ____ AM PM
MM DD YY (circle one)

Brush #	Received	Packaging	Consent Rec'd	Notes	Sample Quality
1	<input type="checkbox"/> Yes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Yes		<input type="checkbox"/> Good <input type="checkbox"/> Bad
2	<input type="checkbox"/> Yes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Yes		<input type="checkbox"/> Good <input type="checkbox"/> Bad
3	<input type="checkbox"/> Yes	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Yes		<input type="checkbox"/> Good <input type="checkbox"/> Bad

Signature of Technician

Date