



Number of Samples: \_\_\_\_\_

Identification: \_\_\_\_\_

\_\_\_\_\_

Elevator/Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Certificate/Results Email address(es): \_\_\_\_\_

Billing info if different from above: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Services:

Full grade \_\_\_\_\_

Partial grade (Indicate which factors required)

Moisture \_\_\_\_\_

Protein \_\_\_\_\_

IDK \_\_\_\_\_

Aflatoxin \_\_\_\_\_

Supplemental Aflatoxin if over 20 PPB \_\_\_\_\_

Vomitoxin \_\_\_\_\_

Supplemental Vomitoxin if over 5 PPM \_\_\_\_\_

Fumonison \_\_\_\_\_

Supplemental Fumonison if over 10 PPB \_\_\_\_\_

Falling Number \_\_\_\_\_

File Retention: \_\_\_\_\_ days to hold

Waiver of File Retention: X \_\_\_\_\_