



Number of Samples: _____

Identification: _____

Elevator/Company name: _____

Contact name: _____

Phone: _____

Certificate email address(es): _____

Billing info if different from above: _____

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 _____

Falling Number _____

File Retention: _____ days to hold

Waiver of File Retention: _____

Signature

For office use:

OM # from ticket: OM _____