



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 \_\_\_\_\_

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

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

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

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

Signature

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For office use:

OM # from ticket: OM \_\_\_\_\_