



Date: _____

Number of Samples: _____

Identification: _____

1333 Lew Ross Rd, Council Bluffs, IA 51501

Elevator/Company name: _____

Contact name: _____

Phone: _____

Certificate/Results Email address(es): _____

Billing info if different from above: Name: _____

Address: _____

Email: _____ Phone: _____

Signature: _____

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 _____

GMO _____

File Retention: _____ days to hold

Waiver of File Retention: X _____