74, rue Dansereau
St-Ours, Qc, J0G 1P0
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Request no.

ANALYSIS REQUEST FORM

MYCOTOXIN

IDENTIFICATION

FROM (CCAE, Company, etc.)		**SAMPLE** (Farm, owner of the samples, etc.)	
Company Name		**Company Name**	
Contact		**Contact**	
Address		**Address**	
Postal code		**Postal code**	
Phone		**Phone**	
Email		**Email**	
☐ Send invoice to this person/company [1]		☐ Send invoice to this person/company [1]	

Send report to : Organization name : _____ To the attention of : _____

Email : _____

1 : Check the appropriate boxes to indicate who must be charged for the analysis and recipient(s) of the analysis report.

SIGNATURE (customer or his representative)

SAMPLES AND ANALYSIS :

Identify each sample and check analysis required.

ANALYSIS

1 : Vomitoxin results expressed as received and on dry basis (100% dry matter).

	For lab use only Lab number	Sample identification (10 digits max.)	Sample date (dd/mm/yyyy)	Sampler	Ingredients	Vomitoxine - DON[1]	For lab use only	Subsample wet weight	Tray weight	Dry weight
1						☐				
2						☐				
3						☐				
4						☐				
5						☐				
6						☐				
7						☐				
8						☐				
9						☐				
10						☐				

CODES OF INGREDIENTS TO BE ANALYZED (for each sample, write the number of the ingredient to be analyzed)

1 - Oat
2 - Wheat
3 - Canola
4 - Hay
5 - Flaxseed
6 - Corn
7 - Millet
8 - Barley
9 - Pea
10 - Rye
11 - Soybean
12 - Other (specify in Comments section).
Before sending your sample, check with the laboratory if it can be analyzed with the ELISA test.

COMMENTS

FOR LAB USE ONLY

Reception date : _____

Receiver : _____ Entered : Date : _____ Initials : _____

☐ Postage due, no. : _____ Delivery : ☐ Courier ☐ Customer or his representative

Rejected, specify :