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Date/Time (RECEIVED)

PDS Lab # \_\_\_\_\_

### MYCOTOXIN & ERGOT TOXIN SUBMISSION FORM

Submitter (Client) name:	<b>Owner:</b> <input type="checkbox"/> check if same as submitter
Address:	<b>Paid by:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Other _____
Postal Code:	Credit card Information <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express # _____ EXP: ____/____
Phone: _____ Fax: _____	<b>Type of sample(s) submitted:</b>
Email:	<b>Size/amount of sample:</b>
Copy to:	

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

<input type="checkbox"/> <b>Mycotoxin screen</b> Panel includes: <ul style="list-style-type: none"> <li>• Aflatoxin B<sub>1</sub></li> <li>• Diacetoxyscirpenol (DAS)</li> <li>• Nivalenol (NIV)</li> <li>• Deoxynivalenol (DON)</li> <li>• 3-Acetyldeoxynivalenol (3ADON)</li> <li>• 15-Acetyldeoxynivalenol (15ADON)</li> <li>• Ochratoxin A (OTA)</li> <li>• T2 toxin (T2)</li> <li>• HT2 toxin (HT2)</li> <li>• Zearalenone (Zen)</li> <li>• Alpha Zearalenol (AZEL)</li> <li>• Beta Zearalenol (BZEL)</li> </ul>	<input type="checkbox"/> <b>Ergot Toxin screen</b> Panel includes: <ul style="list-style-type: none"> <li>• Ergosine</li> <li>• Ergocomine</li> <li>• Ergocristine</li> <li>• Ergocryptine</li> <li>• Ergotamine</li> <li>• Ergometrine</li> </ul>	<input type="checkbox"/> <b>Mycotoxin and Ergot Toxin Screen Combo</b>
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#### Sample Information

Sample	Sample ID	Sample Type	Mycotoxin	Ergot
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if your samples have been treated in any way that may alter the expected toxin levels either higher or lower: