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Date/Time (RECEIVED)

PDS Lab # _____

MYCOTOXIN, ERGOT & NITRATE TOXIN SUBMISSION FORM

Submitter (Client) name:	Owner: <input type="checkbox"/> check if same as submitter
Address:	Paid by: <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
Phone: Fax:	# _____ EXP: ____/____
Email:	Type of sample(s) submitted:
Copy to:	Size/amount of sample:

Incident Identifier: _____

Date Collected: _____

<input type="checkbox"/> Mycotoxin screen Panel includes: <ul style="list-style-type: none"> Deoxynivalenol (LCMS) 3-Acetyldeoxynivalenol (LCMS) 15-Acetyldeoxynivalenol (LCMS) Diacetoxyscirpenol (LCMS) Nivalenol (LCMS) Aflatoxin (ELISA) Fumonisin (ELISA) Ochratoxin (ELISA) Zearalenone (ELISA) T2/HT2 (ELISA) 	<input type="checkbox"/> Ergot Toxin screen Panel includes: <ul style="list-style-type: none"> Ergosine (LCMS) Ergocornine (LCMS) Ergocristine (LCMS) Ergocryptine (LCMS) Ergotamine (LCMS) Ergometrine (LCMS) 	<input type="checkbox"/> Mycotoxin and Ergot Toxin Screen Combo	<input type="checkbox"/> Nitrate
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History:

Sample Information

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