



## MYCOTOXIN, ERGOT & NITRATE 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
Phone: <span style="float: right;">Fax:</span>	# _____ EXP: ____/____
Email:	Email Copy to:

<input type="checkbox"/> <b>Mycotoxin screen</b> (Ground sample required for Analysis) Panel includes: <ul style="list-style-type: none"> <li>3 + 15 Acetyldeoxynivalenol</li> <li>Aflatoxin B1</li> <li>Diacetoxyscirpenol</li> <li>Deoxynivalenol (Vomitoxin)</li> <li>Fumonisin B1</li> <li>Fumonisin B2</li> <li>HT-2 Toxin</li> <li>Nivalenol</li> <li>Ochratoxin A</li> <li>T-2 Toxin</li> <li>Zearalenone</li> </ul>	<input type="checkbox"/> <b>Ergot Toxin screen</b> (Ground sample required for Analysis) Panel includes: <ul style="list-style-type: none"> <li>Ergocornine + Egocorninine</li> <li>Ergocristine + Ergocristinine</li> <li>Ergocryptine + Ergocryptinine</li> <li>Ergometrine + Ergometrinine</li> <li>Ergosine + Ergosinine</li> <li>Ergotamine + Ergotaminine</li> </ul>	<input type="checkbox"/> <b>Mycotoxin and Ergot Toxin Screen Combo</b> (Ground sample required for Analysis)	<input type="checkbox"/> <b>Nitrate</b> (Ground sample <b>NOT</b> required for Analysis)
<b>Please note that reported Total Ergot Alkaloid concentrations are accurate up to 10,000µg/kg (ppb). Samples containing total ergot alkaloid concentrations exceeding 10,000ppb may have a higher ergot alkaloid concentration than reported. If you require an accurate total ergot alkaloid concentration on a sample known to contain greater than 10,000ppb, please specify on the submission form, as this requires a different method.</b>			

**Results cannot be guaranteed for non-feed samples. Please contact lab before sending non-feed samples.**

**Submission Comments:**

Sample Information				Testing Required		
Sample ID	Sample Composition i.e., Barley, Corn, Wheat, DDGS, Silage, Pellets(wheat/corn), Mix(barley/wheat/rye/corn)	Is grinding required by PDS?		Mycotoxin	Ergot	Nitrate
		YES (\$30.00/sample)	NO*			
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Results will NOT be guaranteed for samples that cannot pass through a 35mesh (0.5mm; flour consistency)**

OVER FOR ADDITIONAL SAMPLES



Prairie Diagnostic Services Inc.  
 52 Campus Drive  
 Saskatoon, SK, S7N 5B4  
 TEL: (306) 966-7316  
 FAX: (306) 966-2488  
 www.pdsinc.ca

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

Date/Time (RECEIVED)

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Submitter (Client) Name:				Owner:			
Sample Information					Testing Required		
	Sample ID	Sample Composition i.e., Barley, Corn, Wheat, DDGS, Silage, Pellets(wheat/corn), Mix(barley/wheat/rye/corn)	Is grinding required by PDS?		Mycotoxin	Ergot	Nitrate
			YES (\$30.00/sample)	NO*			
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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