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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:	Email Copy to:

<input type="checkbox"/> Mycotoxin screen Panel includes: <ul style="list-style-type: none"> 3 + 15 Acetyldeoxynivalenol Aflatoxin B1 Diacetoxyscirpenol Deoxynivalenol (Vomitoxin) Fumonisin B1 Fumonisin B2 HT-2 Toxin Nivalenol Ochratoxin A T-2 Toxin Zearalenone 	<input type="checkbox"/> Ergot Toxin screen Panel includes: <ul style="list-style-type: none"> Ergocornine + Egocorninine Ergocristine + Ergocristinine Ergocryptine + Ergocryptinine Ergometrine + Ergometrinine Ergosine + Ergosinine Ergotamine + Ergotaminine 	<input type="checkbox"/> Mycotoxin and Ergot Toxin Screen Combo	<input type="checkbox"/> Nitrate
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.			

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

Submission Comments:

Sample Information

	Sample ID	Sample Composition i.e. Barley, Corn, Wheat, DDGS, Silage, Pellets(wheat/corn), Mix(barley/wheat/rye/corn)	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"/>