



Romer Labs Inc.
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SUBMISSION FORM – MYCOTOXIN ANALYSIS

CONTACT INFORMATION

Company Name:	
Ship From Address:	Invoice Address: (If different from Ship from address)
Contact: Name:	Accounts Payable Contact: Name:
Tel:	Tel:
Email:	Email:
PO number:	
Email Address(s) where Test Results will be sent:	

*All results will be shared only with the parties listed on this form, unless Romer receives official notification via email of additions or changes to this list.
 All transactions are subject to our Terms and Conditions published on the website (www.romerlabs.com).

TOXIN/COMBINATION ANALYSES via LCMSMS

Single Toxin Analysis - check 1 of the following toxins:

Aflatoxin B1/B2/G1/G2	Fumonisin B1/B2/B3	T2/HT2 Toxin
Aflatoxin M1	Ochratoxin A	Zearalenone
Deoxynivalenol/ 15AcetylDON/ 3AcetylDON	Patulin	

Mycotoxin Screen 1 (Aflatoxin, Fumonisin, Zearalenone, Ochratoxin A, Trichothecenes A & B)

Mycotoxin Screen 2 (Aflatoxin, Fumonisin, Zearalenone, Ochratoxin A, T2/HT2 Toxin, DON)

Three Toxin Screen - check any 3 of the following toxins

Aflatoxin	DON	Fumonisin	Zearalenone	Ochratoxin A	T2/HT2 Toxin
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Four Toxin Screen - check any 4 of the following toxins:

Aflatoxin	DON	Fumonisin	Zearalenone	Ochratoxin A	T2/HT2 Toxin
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Five Toxin Screen - check any 5 of the following toxins:

Aflatoxin	DON	Fumonisin	Zearalenone	Ochratoxin A	T2/HT2 Toxin
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Trichothecenes Screen (Type A & Type B)

Type A Trichothecenes (T2 Toxin, HT2 Toxin, DAS, Neosolaniol)

Type B Trichothecenes (DON, 3AcetylDON, 15AcetylDON, Fusarenon-X, Nivalenol)

SAMPLE INFORMATION

Sample ID (as you want it to appear on report)	Commodity	Turn around times			
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days
		same day*	1 day	3 days	5 days

* Same day = Same Day Analysis ONLY available on single toxin analysis. Samples are to be received by 9 am for same day requests;
 However early receipt does not guarantee results same day.

Date/Signature _____

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SAMPLE SUBMISSION FORM – ADDITIONAL TESTS

CONTACT INFORMATION

Company Name:	
Ship From Address:	Invoice Address: (If different from Ship from address)
Contact: Name:	Accounts Payable Contact: Name:
Tel:	Tel:
Email:	Email:
PO number:	
Email Address(s) where Test Results will be sent:	

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<p>Other Single Items Analyses</p> <p>Turnaround time 5 days</p> <p>Citrinin (TLC) Cyclopiazonic Acid Moniliformin (TLC) Sterigmatocystin (TLC)</p>	<p>Melamine</p> <p>Turnaround time 5 days</p> <p>LC-MS/MS Melamine LC-MS/MS Melamine & Related Compounds (Ammeline, Ammelide, Cyanuric Acid)</p>
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<p>GMO Analyses indicate technology:</p> <p>Corn Comb (semi-quantitative)</p> <p>Corn Comb includes: CP4 EPSPS, Cry1A, Cry3Bb, CRY1F, PAT, Cry34Ab1, VIP3A</p>	<p>LFD (Lateral Flow Device)</p> <p>Soy Comb (qualitative)</p> <p>Soy Comb includes: CP4 EPSPS, PAT</p>	<p>Turnaround time 5 days</p>
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Sample ID (as you want it to appear on report)	Commodity

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Date/Signature _____