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Date/Time (RECEIVED)

MYCOTOXIN & ERGOT TOXIN SUBMISSION FORM

PDS Lab # _____

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 # _____ EXP: ____/____
Phone: _____ Fax: _____	Type of sample(s) submitted:
Email:	Size/amount of sample:
Copy to:	

Date Collected: _____

<input type="checkbox"/> Mycotoxin screen Panel includes: <ul style="list-style-type: none"> • Aflatoxin B₁ • Diacetoxyscirpenol (DAS) • Nivalenol (NIV) • Deoxynivalenol (DON) • 3-Acetyldeoxynivalenol (3ADON) • 15-Acetyldeoxynivalenol (15ADON) • Ochratoxin A (OTA) • T2 toxin (T2) • HT2 toxin (HT2) • Zearalenone (Zen) • Alpha Zearalenol (AZEL) • Beta Zearalenol (BZEL) • Fumonisin B1 • Fumonisin B2 	<input type="checkbox"/> Ergot Toxin screen Panel includes: <ul style="list-style-type: none"> • Ergosine • Ergocornine • Ergocristine • Ergocryptine • Ergotamine • Ergometrine 	<input type="checkbox"/> Mycotoxin and Ergot Toxin Screen Combo
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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: