

Mycotoxin Testing- Illinois

sample # _____ Date Received: _____ Date Insp: _____

Identification#: _____ Insured Name: _____

Adjuster's Name: _____ Insured Address: _____

Adjuster's Phone #: _____ Insured Phone #: _____

1. Please Circle the Grade and/or Test requested:

Grade	Aflatoxin		DON		Fumonisin		Zearalenone	
	Corn	Wheat	Corn	Wheat	Corn	Wheat	Corn	Wheat
1050 g	10 lbs.	250g	1000 g/2-3 lbs.	250g	10 lbs.	250 g	10 lbs.	250 g
	Results: ppb		Results: ppm		Results: ppm		Results: ppb	

2. Grade: _____

TW	_____	FM	_____
MO	_____	SHBKN	_____
DKT	_____	DEF TOT	_____
HT	_____	ODOR	_____
BCFM	_____	INSECTS	_____

3. Full grade only (3 pound sample)	\$10.00
Mycotoxin testing only	\$33.00
Mycotoxin testing & full grade	\$43.00
Mycotoxin + supplemental analysis	\$50.00
Mycotoxin + supplemental analysis + full grade	\$60.00

**SUPPLEMENTAL ANALYSIS WILL ONLY BE RAN AS NEEDED.
IF NOT, PAYMENT WILL BE REFUNDED**

_____ (Insured) authorizes EIGIS to email results to _____.

_____ (Insured Signature) Please include this form, business card, and check with your sample to:

Eastern Iowa Grain Inspection, 1205 N Blackhawk Blvd Rockton IL 61072. Thank you.

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