

The Grain and Feed Microbiology and Toxicology Laboratory

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Sample Submission Form

(to be accompanied with each order)

CLIENT INFORMATION

Company/institute	
Contact person	
Address	
Phone	
Fax	
E-mail	

SAMPLES DETAILS AND ANALYSIS REQUEST

Sl. No.	Sample name	Quantity (lb)	Date & time of sample collection	Date and time of shipping	Mycotoxins				
					Aflatoxins	Fumonisin	DON/Vomitoxin	Zearalenone	Ochratoxins
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Please check (✓) the boxes below for specific mycotoxin analysis
Please use another sample submission form for different sample category

Any other information/comments:

Please provide billing information (if different):

Note: Please write clearly and complete all the sections applicable to your samples.