

# MYCOTOXIN SCREENING SUBMISSION FORM



## Veterinary Diagnostic Laboratory

Iowa State University  
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*Lab Use Only*

Case no. \_\_\_\_\_  
 VDL Vet \_\_\_\_\_

**Producer** \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Contact** \_\_\_\_\_

Bill Party (if different) \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_

Farm / Site / Group ID \_\_\_\_\_

**Report results by:**     Phone     Fax     Email

### Test Request

- Individual Toxins: \$30.30 / sample\*
- Mycotoxin Screen #1: includes aflatoxin, fumonisin \$40.40 / sample\*
- Mycotoxin Screen #2: includes aflatoxin, fumonisin, vomitoxin \$60.60 / sample\*
- Mycotoxin Screen #3: includes aflatoxin, fumonisin, vomitoxin, zearlenone \$70.70 / sample\*
- \* **Add** Submission fee \$10.00 / case

*Quantitation of positive results is available for an additional charge.*

**Please check screen or request individual test below**

Sample #	Sample ID#	Screen #1	Screen #2	Screen #3	Individual toxin
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Submittor signature (required) \_\_\_\_\_

Date \_\_\_\_\_