



Veterinary Diagnostic Laboratory

1937 Christensen Dr | Ames, IA 50011-1100
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

Laboratory Use Only
Inventory

Case No. _____

REQUIRED FIELDS

SUBMITTER _____

Organization _____

Address _____

City, State & Zip _____

Phone _____ Fax _____

Email _____

Special Reporting Requests

Fax _____

Email _____

Third-Party Billing <i>(pre-approved)</i>	Affiliates <i>(list clinic names or codes)</i>

TEST REQUEST

Mycotoxin Panel

SPECIES: *(Required)* _____

(Check sample type)

Sample #	Sample ID	Corn	DDGS	Ground Feed	Hay	Silage	Other
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information:

IF DIFFERENT AND APPLICABLE COMPLETE BELOW

OWNER _____

SITE NAME _____

Address _____

City, State & Zip _____

Premise ID# *(attach premises ID bar code sticker if available)*

SAMPLES

Collection Date _____ **No. of Samples** _____

Sample Size = ~ 1 lb (Quart-size Ziplock Bag)
Send refrigerated as soon as possible.