

Allergen Analysis Request Form

| report to the attention of: | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|-----------|---|--------------|----------|--------|------------|--------|---------|----------|---------------------|---------|-----------|--------|--------|---------|------------|-----------|-----------|----------|-----------|---------|-------|----|
| | | | | | | | | | | City and state: | | | | | | | | Zip code: | | | | | |
| l(s): | | | | | | | | | | | | | | | | | | | | | | | |
| gaddress (if different than above):_ | | | | | | | | | | | | | | | | | | | | | | | |
| e review this form before submitti | ng; incon | nplete | or in | correc | t info | rmati | ion ca | n dela | ау уоц | ır ser | vice. (| Only e | mail a | addre | sses c | n this | s form | will r | eceiv | e a re | sults | repor | t. |
| Special Instructions | | Analysis Requested (Please Check Appropriate Boxes) | | | | | | | | | | | | | | | | | | | | | |
| | | Food Allergens | | | | | | | | | | | | | Otl | | | | | | | | |
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| | pu | | Gliadin (R5) | Hazelnut | | Total Milk | ء. | ard | Ħ | VIP Peanut Protein* | Ma. | Crustacea | me | 늄 | Coconut | Brazil Nut | Macadamia | _ | Pine Nut | Pistachio | ısk | | |
| Sample Name/Description | Almond | E 88 | iliad | laze | Soy | otal | Casein | Mustard | Peanut | IP P | Cashew | rust | Sesame | Walnut | 000 | ırazi | laca | Pecan | ine | ista | Mollusk | Fish | |
| Sample Name/Description | ٩ | | 0 | - | V) | - | 0 | | <u>.</u> | > | U | | V) | > | 0 | | ~ | ъ. | - | - | | ш. | - |
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Please make additional copies of this form as needed. Submit ~100 g of sample for each test.

| ☐ Rush order: Results at end of one business day (additional cost). All rush analyses require prior notification to the laborate | tor |
|---|-----|
| Please call 800.234.5333 ext. 10039 to alert that they are being shipped. | |

□ **Dilute samples:** A 1.5x surcharge will be charged if dilutions are performed. Allergens will be diluted up to 5000 ppm. Results will be expressed as > limit of quantitation for each kit unless the dilute samples box is checked.

| ☐ Phone results | ☐ Email results |
|-----------------|-----------------|
| | |



Technical Service — Lab Services 301 N Hosmer St, Lansing, MI 48912

For questions, please call 800.234.5333 ext. 10039



Mycotoxin Analysis Request Form

| Send report to the attention of: | F | Phone number: Date | | | | | : PO#: | | | | | | | | | |
|---|-----------------------------------|---|-----------------|---------------|--------------|----------------|----------------|----------------|------------|--|---------------|-------|--|--|--|--|
| Company name: | | | City | | Zip code: | | | | | | | | | | | |
| Email(s): | | | | | | | | | | | | | | | | |
| Billing address (if different than above): | | | | | | | | | | | | | | | | |
| Please review this form before submitting | g; incomplete | e or incorre | ct informa | tion can de | lay your se | rvice. Only | email add | resses on th | nis form v | vill receive a | results rep | ort. | | | | |
| Special Instructions | | Analysis Requested (Please Check Appropriate Boxes) | | | | | | | | | | | | | | |
| | Mycotoxins | | | | | | | | | | | | | | | |
| | Aflatoxin | | Vomitoxin (DON) | | Fumonisin | | HT-2/T-2 Toxin | | Ochratoxin | | Zearalenone | | | | | |
| Sample Name/Description | ELISA | HPLC* | ELISA | HPLC* | ELISA | LCMS* | ELISA | LCMS** | ELISA | HPLC* | ELISA | LCMS* | | | | |
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| HPLC/LCMS testing has a 5-day turnaround time. **LCI Please take the commodity type into considera | | | | | · laboratory | s publicly ave | silable scope | of accredits | tion | | | | | | | |
| Please make additional copies of this form as | | | | | laboratory | s publicly ava | allable scope | e or accredita | ition. | Samples mai | ling address: | | | | | |
| Rush order: Results at end of one business of Please call 800.234.5333 ext. 10039 to alert the Dilute samples: A 1.5x surcharge will be cha | day (additiona nat they are be | l cost). All rus ing shipped. | sh analyses i | require prior | | | - | each kit | | Attention: Technical Ser 301 N Hosme | | | | | | |
| unless the dilute samples box is checked. ☐ Phone results ☐ Email results | | | | | | | | | | For questions 800.234.5333 | • • | | | | | |

