



Maryland
Department of Agriculture

Food Quality Assurance

Website: www.mda.maryland.gov

GRAIN TEST REQUEST

50 Harry S Truman Parkway

Annapolis MD 21401

Telephone 410- 841-5769

Fax 410-841-2750

Farm Name:

Contact Name:

Address:

Telephone:

Fax:

Email:

Is the sample for a crop insurance claim? Yes No If so, must be submitted by a person approved by the Insurance Company.

SUBMITTER

Name:

Address:

Telephone:

Fax:

Email:

Crop Insurance Adjuster:

Yes

No

Other:

BILL TO (Name and address):

FID/SS #

SAMPLE ID NUMBERS:

Type of grain – complete name (Ex. Soft red winter wheat):

Type of Tests Requested

☐

Test Weight

☐

Moisture

☐

Grade

☐

Mycotoxins

Specify type(s):

Circle one: Qualitative

Quantitative

Note:

Supplemental testing is authorized for any samples where quantitative is requested

Yes

No

FEES are \$15 per submitted sample, plus \$30.00 per sample for each type of mycotoxin testing

Sample size must be a minimum of three (3) pounds for wheat, rye, barley; five (5) pounds for soybeans

For MDA use only

Date Sample Received:

Date Submitted to Lab:

Date Results Received from Lab:

Date Certificate Sent to Applicant:

Fees: _____ Submitted Sample \$15.00 _____ Mycotoxins \$30.00 TOTAL: _____