Grain Test Request Form

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

Supplemental testing is authorized for any samples where quantitative is requested:  Yes  No

Fees are $20.00 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. Larger samples may be required for mycotoxin testing, depending on the grain and type of mycotoxin testing requested. Please contact our office for exact specifications.

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:  _______