



**Romer Labs Diagnostic GmbH**

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Akkreditierte Prüfstelle nach ISO 17025



## SUBMISSIONFORM – MYCOTOXIN ANALYSIS

### CONTACT INFORMATION

Name	_____	Invoice adress (if different) _____ _____ _____
Adress	_____	
Contactperson	_____	
Tel/Fax	_____	
E-Mail	_____	
	_____	

### MYCOTOXINANALYSIS with HPLC

<input type="checkbox"/> RA1010 Aflatoxins (B1, B2, G1, G2)	<input type="checkbox"/> RA1081 Fumonisin (B1,B2)
<input type="checkbox"/> RA1050 Deoxynivalenol (DON)	<input type="checkbox"/> RA1140 Ochratoxin A (OTA)
<input type="checkbox"/> RA1060 B-Trichothecenes (DON, Nivalenol, 3/15-AcetylDON)	<input type="checkbox"/> RA1180 Zearalenone (ZON/ZEA)
<input type="checkbox"/> RA1070 Ergotalkaloids	<input type="checkbox"/> RA2090 A-Trichothecenes (T2-Toxin, HT2-Toxin, Diacetoxyscirpenol)
<b>Combination Analyses :</b>	
<input type="checkbox"/> RA2180 B-Tricho + ZON	<input type="checkbox"/> RA2300 Multitoxin-Screen (DON + ZON + Afla + OTA + FUM + A-Tricho)
<input type="checkbox"/> RA2181 DON + ZON	

### MYCOTOXINANALYSIS with ELISA

<input type="checkbox"/> RA1000 Aflatoxin (total)	<input type="checkbox"/> RA4000 Deoxynivalenol (DON)
<input type="checkbox"/> RA2000 Ochratoxin A	<input type="checkbox"/> RA5000 Zearalenone (ZON)
<input type="checkbox"/> RA3000 Fumonisin (total)	<input type="checkbox"/> RA6000 T2-Toxin

### SAMPLE INFORMATION

to be used as Foodstuff

Sample name	Matrix	urgent*
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\* Express analysis within 2 workdays for 50% surcharge, for HPLC only, after consultation

Date/Signature \_\_\_\_\_ Please submit at least 1kg of a representative sample!

**PRINT**