



Romer Labs Diagnostic GmbH

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Akkreditierte Prüfstelle nach ISO 17025



SUBMISSION FORM – other ANALYSES

CONTACT INFORMATION

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

MOLDIDENTIFICATION

<input type="checkbox"/> RA9200 Mold Identification general	<input type="checkbox"/> RA9203 Indoor Mold Identification general
<input type="checkbox"/> RA9202 Complete Identification	
Combination-Analyses	
<input type="checkbox"/> RA9201 spec. Pathogens (with RA9200)	<input type="checkbox"/> RA9204 spec. Humanpathogens (with RA9203)
	<input type="checkbox"/> RA9205 spec. Mycotoxin producers (with RA9203)

OTHER ANALYSES

<input type="checkbox"/> RA1004 Dry Matter	<input type="checkbox"/> RA6242 Melamine (with ELISA)
<input type="checkbox"/> RA4001 DON in Serum (with HPLC)	<input type="checkbox"/> RA2200 Multimycotoxinanalysis (Screening with LCMSMS)
<input type="checkbox"/> RA5001 ZON in Serum (with HPLC)	

SAMPLE INFORMATION

to be used as foodstuff

Sample Name	Matrix

Version 1/01-2012 subform-div-e-2012.docx

Date/Signature _____

Please submit a representative sample!

PRINT