



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

ADAM H. PUTNAM
COMMISSIONER

**FEED COLLECTION / ANALYSIS REPORT
MYCOTOXINS**

Rule 5E-3.003, F.A.C.

Telephone: (850) 617-7830; Fax: (850) 617-7843

Submit Results to:
Florida Department of Agriculture
and Consumer Services
Feed Section
3125 Conner Blvd., Bldg. 7, L7
Tallahassee, FL 32399-1650

Date Collected _____ Registrant # _____ Company Name _____

Sample # _____ Sampler _____ Place Collected _____

Time Collected _____ Tonnage _____ Method of Sampling Hand Probe Sterile Cup Bottle
 Other _____

Product Name _____ Product Type _____

Invoice # _____ Delivery Ticket # _____

Laboratory # _____ Date Received _____ Date of Analysis _____

ANALYSIS

COMPLETED BY CERTIFIED LABORATORY

	Indicate PPM or PPB		Method # / Source
(B-1, B-2, G-1, G-2) Aflatoxin - Screen	Found: _____ PP _____	L E	_____
(B-1, B-2, G-1, G-2) Aflatoxin - HPLC/TLC	Found: _____ PP _____	L E	_____
Fumonisin	Found: _____ PP _____	L E	_____
Ochratoxin	Found: _____ PP _____	L E	_____
Vomitoxin (Deoxynivalenol)	Found: _____ PP _____	L E	_____
Zearalenone	Found: _____ PP _____	L E	_____
Other _____	Found: _____ PP _____	L E	_____
_____	Found: _____ PP _____	L E	_____
_____	Found: _____ PP _____	L E	_____

INDICATE COMPLIANCE BY CIRCLING L = LEGAL E = EXCESSIVE

Signature of Sampler

Feed Distributor Name / Address

Consumer Name:

Address:

Signature of Authorized Representative

Signature of Laboratory Director

Laboratory:

Address:

Telephone (_____) _____