



MLF Biotech, Inc.[®]

Improving Health and Food Safety, Naturally[®]

MLF Nutritional Laboratory

Sample Submission Form

Customer Name: _____ Address: _____ Phone # _____

City, State, Zip _____ Contact Name: _____ E-Mail: _____

Please check the appropriate circle for which test to be completed. Please have one submission sheet per sample.

	Sample Date	Sample Description	Sample Code or I.D.
<u>Proximate:</u>			
<input type="radio"/> Moisture			
<input type="radio"/> Moisture, Protein, Fat, Fiber			
<input type="radio"/> Ash			
<u>Minerals:</u>			
<input type="radio"/> Calcium & Phosphorus			
<input type="radio"/> Calcium, Phosphorus, Iron, Zinc, Magnesium, Potassium, Manganese, Copper			
<input type="radio"/> Salt			
<input type="radio"/> Amino Acids			
<u>Mycotoxins:</u>			
<input type="radio"/> Aflatoxin			
<input type="radio"/> Fumonisin			
<input type="radio"/> T-2/HT-2 Toxins			
<input type="radio"/> DON (Deoxyneavenol/Vomitoxins)			
<input type="radio"/> Zearalenone			
<input type="radio"/> Ochratoxin			
<input type="radio"/> Mycotoxin Screen (Above 6 mycotoxins)			
(All mycotoxins are quantitated by ELISA methods)			
<u>Fats & Oils:</u>			
<input type="radio"/> Moisture			
<input type="radio"/> Iodine Value			
<input type="radio"/> AOM (20 hours)			
<u>Miscellaneous:</u>			
<input type="radio"/> Screen Test for Particle Size			
<input type="radio"/> Bulk Density			
<input type="radio"/> pH of Liquids			

Please send this with the represented sample to the address below.

MLF Nutritional Lab, 2764 E. 1300 N, Syracuse, IN 46567 574-453-4191