

Sender

Invoice to

Company:	Company:
Contact Person:	Contact Person:
Adress:	Adress:
Telefon:	Telefon:
Fax:	Fax:
e-mail:	e-mail:

Order

Order Number:
Sample type:
Sample name and number: (multiple samples on extra page)
Results by <input type="checkbox"/> e-mail <input type="checkbox"/> Fax <input type="checkbox"/> regular mail

Analysis:

<u>Package</u>	
<input type="checkbox"/> Mycotoxin Screening 6 (Aflatoxin, Deoxinivalenol, Fumonisin, Ochratoxin, T2/HT2, Zearalenon)	
<input type="checkbox"/> Mycotoxin Screening 3 (Aflatoxin, Deoxinivalenol, Zearalenon)	
<u>Single</u>	
<input type="checkbox"/> Aflatoxin total regular (AFLA; LOD 2 µg/kg)	
<input type="checkbox"/> Aflatoxin total sensitive (AFLA; LOD 0.1 µg/kg)	
<input type="checkbox"/> Deoxynivalenol standard, (DON; LOD 100 µg/kg)	
<input type="checkbox"/> Deoxynivalenol sensitive (DON; LOD 20 µg/kg)	
<input type="checkbox"/> Fumonisin (FUM; LOD 100 µg/kg)	
<input type="checkbox"/> Ochratoxin (OTA; LOD 1 µg/kg)	
<input type="checkbox"/> T2/HT2 Toxin, (T2/HT2; LOD 20 µg/kg)	
<input type="checkbox"/> Zearalenone (ZON; LOD 20 µg/kg)	
Processing time: <input type="checkbox"/> 7 Tage <input type="checkbox"/> express	other remarks:

Date, Signature

Print this order form and send it together with your samples to aokin AG.
 Send a minimum of 50 g for one analysis or 500 g for multiple analyses.
 Use a sealed plastic pouch labeled with company name and sample name for packing.