

Deoxynivalenol (Vomitoxin) Inspection Monitoring Program Submission Sheet
Please fill out a separate form for each sample and be sure to include it with the submitted ground portion.
Please do not put the submission form inside the sample container with the ground portion.

<p><u>Sampling Guidelines:</u></p> <ul style="list-style-type: none">• Inspection type: official inspections only (submitted, officially sampled, or export)• Grain type(s): wheat and barley• Deoxynivalenol (DON) concentration: sample(s) ≥ 0.5 ppm DON with no upper limit, if available; <i>if samples with ≥ 0.5 ppm are not analyzed that week, substitute any other ground wheat or barley sample as needed</i>• Sample material needed: ≥ 75 g from original ground material that tested portion was taken from• Number of samples/week: send 1 sample for 1 – 100 samples tested by site for DON that week plus 1 more sample for each additional 100 samples tested by site that week. Examples:<ul style="list-style-type: none">○ 15 DON samples/week: submit 1 sample○ 240 DON samples/week: submit 2 samples	<p><u>Shipment:</u></p> <p><i>Note: please ship samples separately from those to other programs at the National Grain Center</i></p> <p>Send collected samples once per week via 2nd day UPS to:</p> <p>National Grain Center Attn: James Chapman Mycotoxin Monitoring Program 10383 N. Ambassador Dr. Kansas City, MO 64153-1394</p>
<p><u>Sample Information:</u></p> <p>Field Office or Official Agency Name: _____</p> <p>Specified Service Point (SSP#): _____</p> <p>Grain type (circle one): Wheat Barley</p> <p>File Sample ID: _____</p> <p>Cert # (optional, if known): _____</p> <p>Test kit used (Manufacturer, Part #): _____</p> <p>_____</p> <p>DON Result (ppm): _____ Report the value shown by test kit reader not the certified value.</p> <p>Analyst Name and Inspector #: _____</p> <p>Date of Analysis: _____</p> <p>Additional comments, if any, may be written on the back of this form. Thank you for your cooperation.</p>	