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

FEED COLLECTION / ANALYSIS REPORT  
MYCOTOXINS  

Rule 5E-3.003, F.A.C.  
Telephone: (850) 617-7830; Fax: (850) 617-7843  

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  

<table>
<thead>
<tr>
<th>Method # / Source</th>
<th>Indicate PPM or PPB</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(B-1, B-2, G-1, G-2)</td>
<td>Aflatoxin - Screen</td>
<td>Found: ______ PP ___</td>
<td>L</td>
</tr>
<tr>
<td>(B-1, B-2, G-1, G-2)</td>
<td>Aflatoxin - HPLC/TLC</td>
<td>Found: ______ PP ___</td>
<td>L</td>
</tr>
<tr>
<td>Fumonisin</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Ochratoxin</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Vomitoxin (Deoxynivalenol)</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Zearalenone</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Other</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Other</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
<tr>
<td>Other</td>
<td>Found: ______ PP ___</td>
<td>L</td>
<td>E</td>
</tr>
</tbody>
</table>

INDICATE COMPLIANCE BY CIRCLING  
L = LEGAL  
E = EXCESSIVE  

Signature of Sampler ____________________________________________________________  
Signature of Laboratory Director ____________________________________________  
Laboratory: ____________________________  
Feed Distributor Name / Address ________________________________________________  
Consumer Name: ____________________________  
Address: ____________________________________________  
Telephone (______) ____________________________  

NICOLE "NIKKI" FRIED  
COMMISSIONER  

FDACS-13404 Rev. 08/10