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SAMPLE SUBMISSION FORM – ADDITIONAL TESTS

CONTACT INFORMATION

Company Name:	
Ship From Address:	Invoice Address: (If different from Ship from address)
Contact: Name:	Accounts Payable Contact: Name:
Tel:	Tel:
Email:	Email:
PO number:	
Email Address(s) where Test Results will be sent:	

*All results will be shared only with the parties listed on this form, unless Romer receives official notification via email of additions or changes to this list.

<p>Other Single Items Analyses</p> <p>Turnaround time 5 days</p> <p>Citrinin (TLC) Cyclopiazonic Acid Moniliformin (TLC) Sterigmatocystin (TLC)</p>	<p>Melamine</p> <p>Turnaround time 5 days</p> <p>LC-MS/MS Melamine LC-MS/MS Melamine & Related Compounds (Ammeline, Ammelide, Cyanuric Acid)</p>
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<p>GMO Analyses indicate technology:</p> <p>Corn Comb (semi-quantitative)</p> <p>Corn Comb includes: CP4 EPSPS, Cry1A, Cry3Bb, CRY1F, PAT, Cry34Ab1, VIP3A</p>	<p>LFD (Lateral Flow Device)</p> <p>Soy Comb (qualitative)</p> <p>Soy Comb includes: CP4 EPSPS, PAT</p>	<p>Turnaround time 5 days</p>
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Sample ID (as you want it to appear on report)	Commodity

Date/Signature _____