

State of New Jersey  
 Department of Agriculture  
 Division of Plant Industry  
 PO Box 330  
 Trenton, NJ 08625  
 (609) 406 6939



<u>Lab Use Only</u>
Sample Number:
Date:

## Mycotoxin Test Submission Form

- Please submit a separate form for each sample being tested.
- A minimum of 250 grams (8.8 oz.) of sample is required in a sealed container or bag.
- Aflatoxin and Ochratoxin tests are performed using HPLC and cost \$40 per test. All other tests are performed using ELISA and cost \$20 per test.
- Mail samples to address listed above. Make checks payable to New Jersey Department of Agriculture and indicate mycotoxin testing in the memo.

### Submitter Information

<b>Name:</b>	<b>Address:</b>
<b>Telephone #:</b>	
<b>Email:</b>	<b>County:</b>

### Sample Information

<b>Type of Crop:</b>	<b>Animal Feed: Yes* / No</b> <small>*If Yes, please fill in additional information on pages 2-3</small>
	<b>Feed Lot #:</b>
<b>Preservatives (if any):</b>	<b>Type of Livestock:</b>
<b>Method of Storage:</b>	<b>Observations (if any):</b>

x	Indicate Test(s) To Be Performed	Test Sensitivity
	Aflatoxin	PPB
	DON/Vomitoxin	PPM
	Fumonisin	PPM
	Ochratoxin	PPB
	T-2 Toxin	PPB
	Zearalenone	PPB

PPM – parts per million    PPB – parts per billion

**If you have any questions, please call (609) 406-6939**

**Location of Animal**

<b>Stable/Farm Name:</b>	<b>Street Address:</b>
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<b>Animal's Travel History:</b>	<b>City/Municipality:</b>	<b>County:</b>
	<b>Zip Code:</b>	

**Name of Animal:**

**Circle appropriate info:**    male    neutered male    female    pregnant female    immature male    immature female

<b>Age:</b>	<b>Breed:</b>
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<b>Color:</b>	<b>ID (Tattoo, tag, brand, etc):</b>
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**Status of Animal** (circle appropriate info)

Alive	Died <i>Date of death:</i> _____	Euthanized <i>Date euthanized:</i> _____
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<b>Date of Onset of Illness:</b>	<b>Date of Initial Veterinary Examination:</b>
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<b>Circle Signs Observed:</b>	front ataxia	rear ataxia	quad ataxia
hind-limb weakness	agitation	hypersensitivity	aggression
muscle fasciculation	anorexia	disorientation	hypermetria
excessive sweating	circling	apprehension	volcalization
eating hay	star gazing	depression	teeth grinding
		eating grain	

**Circle Type(s) of Treatment:**

DMSO	corticosteroids	fluids
antibiotics	banamine	bute
		anti-serum

Other: \_\_\_\_\_

**Vaccination History of Animal**

If unknown, please check box:

If NOT vaccinated, please check box:

Vaccination:	Date of Vaccination:	Vaccination Given by: (circle appropriate info)		
EWT		vet	owner	other: _____
Rabies		vet	owner	other: _____
Rhino		vet	owner	other: _____
EPM		vet	owner	other: _____
BOT		vet	owner	other: _____
Other: _____		vet	owner	other: _____
WNV	Date of Initial Vaccination:	vet	owner	other: _____
	Date of 2nd dose of initial series:	vet	owner	other: _____
	Date of Booster:	vet	owner	other: _____
<b>Circle Name of WNV Product Used:</b>				
	Ft. Dodge		Merial	Other

**Circle appropriate answers:**

Does the animal have any possible bite wounds?

Yes

No

Have humans been bitten or exposed to saliva?

Yes

No

*If yes, how many people were exposed?* \_\_\_\_\_

Is the animal isolated from other animals?

Yes

No

Has a local health department been notified?

Yes

No

*If yes, what county?* \_\_\_\_\_

Are there other animals at this location?

Yes

No

*If yes, please list species and number of each species:*

Species: \_\_\_\_\_

Number: \_\_\_\_\_

Species: \_\_\_\_\_ Number: \_\_\_\_\_

Species: \_\_\_\_\_

Number: \_\_\_\_\_

Are any of the other animals sick?

Yes

No

*If yes, please list species and number sick:*

Species: \_\_\_\_\_

Number: \_\_\_\_\_

Species: \_\_\_\_\_ Number: \_\_\_\_\_

Species: \_\_\_\_\_

Number: \_\_\_\_\_