

TCK SMUT Work Record

Please fill out (1) one form per TCK sample and send to the address below.

USDA-GIPSA-FGIS

Minimum 600 grams

Identification:

Date Sampled:

<input type="checkbox"/> Export	<input type="checkbox"/> Ship	<input type="checkbox"/> Hopper	<input type="checkbox"/> D/T Sampler	<input type="checkbox"/> Original
<input type="checkbox"/> In <input type="checkbox"/> Submit	<input type="checkbox"/> Barge	<input type="checkbox"/> Truck	<input type="checkbox"/> Ellis Cup	<input type="checkbox"/> Reinspection
<input type="checkbox"/> Out <input type="checkbox"/> Local	<input type="checkbox"/> Other _____		<input type="checkbox"/> Probe	<input type="checkbox"/> Appeal <input type="checkbox"/> Bar Appeal

Loading Location:

Quantity:

Class of Wheat:

Destination:

Seal Number:

Name & Address of Applicant (*Billed to*):

Certifying Agency Information:

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Certifying Agency: _____

Wheat Marketing Center Use Only

Test Date: _____

Qualitative: Present Not Present

Quantitative: _____ TCK spores per 50 grams

Validation: _____ Date: _____

Lab #: _____ Work Order #: _____

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Sample Received:

Date: _____ Time: _____ Initials: _____ Seal Number Checked

SEND SAMPLES TO: Wheat Marketing Center
 Attn: TCK Testing
 1200 NW Naito Parkway, Suite 230
 Portland, OR 97209

(503) 295-0823 | lab@wmcinc.org