

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:

☐ Export

☐ Ship

☐ Hopper

☐ D/T Sampler

☐ Original

☐ In ☐ Submit

☐ Barge ☐ Truck

☐ Ellis Cup

☐ Reinspection

☐ Out ☐ Local

☐ Other _____

☐ Probe

☐ Appeal ☐ 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 #: _____

.....
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

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