

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"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Submit <input type="checkbox"/> Local	<input type="checkbox"/> Ship <input type="checkbox"/> Barge <input type="checkbox"/> Other _____	<input type="checkbox"/> Hopper <input type="checkbox"/> Truck <input type="checkbox"/> D/T Sampler <input type="checkbox"/> Ellis Cup <input type="checkbox"/> Probe
Loading Location:		Quantity:	
Class of Wheat:	Destination:	Seal Number:	
Name & Address of Applicant (<i>Billed to</i>):			

Certifying Agency Information:			
Contact Name: _____	Phone: _____		
Email: _____	Fax: _____		
Certifying Agency: _____			

Wheat Marketing Center Use Only

Test Date: _____
Qualitative: <input type="checkbox"/> Present <input type="checkbox"/> Not Present
Quantitative: _____ TCK spores per 50 grams
Validation: _____ Date: _____
Lab #: _____ Work Order #: _____
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Sample Received:
Date: _____ Time: _____ Initials: _____ <input type="checkbox"/> Seal Number Checked

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