

**Analysis order for cereals, flour and wholemeal**

**Customer data**

|                     |                      |                 |                      |
|---------------------|----------------------|-----------------|----------------------|
| Name (first; last): | <input type="text"/> | Dept.:          | <input type="text"/> |
| Company:            | <input type="text"/> |                 |                      |
| Address:            | <input type="text"/> | Zip/City/State: | <input type="text"/> |
| Phone:              | <input type="text"/> | Telefax:        | <input type="text"/> |

**Address for invoice**

|  |                      |                 |                      |
|--|----------------------|-----------------|----------------------|
| Name:  | <input type="text"/> | Dept.:          | <input type="text"/> |
| Address:   | <input type="text"/> | Zip/City/State: | <input type="text"/> |
| VAT number:<br>(if invoice recipient outside of Germany) | <input type="text"/> |                 |                      |

**Sampling**

|                |                      |               |                      |
|----------------|----------------------|---------------|----------------------|
| Sampling date: | <input type="text"/> | Sending date: | <input type="text"/> |
|----------------|----------------------|---------------|----------------------|

**Storage of samples:**      *Lab (max. 3 months)*                       *Return*

**Remarks:**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**Report**

|          |                                  |                                 |
|----------|----------------------------------|---------------------------------|
| Sending: | <input type="checkbox"/> Telefax | <input type="checkbox"/> E-Mail |
|----------|----------------------------------|---------------------------------|

**Date and signature of Customer**

(Has read and noted the terms and conditions of sale)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**Order details**

| Sample number | Sample designation, Batch number, date of sampling, etc.: |
|---------------|---|
| Sample 1      | <input type="text"/>                                      |
| Sample 2      | <input type="text"/>                                      |
| Sample 3      | <input type="text"/>                                      |
| Sample 4      | <input type="text"/>                                      |
| Sample 5      | <input type="text"/>                                      |

| ANALYSIS REQUIRED      |  |                             | Sample number            |                          |                          |                          |
|------------------------|--|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        |  |                             | 1                        | 2                        | 3                        | 4                        |
| 01                     | Ascorbic Acid (qualitative)  | Tauber                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02                     | Amylograph - Brabender   | ICC No. 126/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03                     | Baking test (RMT-Brötchen, Kastenbackversuch Roggen oder Weizen)                 | Standard-Backversuch        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04                     | Determination of Besatz (Wheat/Rye)  | ICC No. 102/1 or 103/1      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05                     | Extensograph - Brabender   | ICC No. 114/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06                     | Falling Number - Perten  | ICC No. 107/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07                     | Farinograph - Brabender  | ICC No. 115/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08                     | Determination of moisture  | ICC Nr. 110/1 (modifiziert) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09                     | Wet Gluten Content , Wheat Flour (Glutomatic)                                    | ICC No. 137/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10                     | Wet Gluten Quantity and Quality, Whole Wheat Meal and Wheat Flour (Gluten Index) | ICC No. 155                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                     | Ash content (crude ash)  | ICC No. 104/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12                     | Crude protein content (total N)  | ICC No. 167                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                     | Sedimentation value (Zeleny)   | ICC No. 116/1               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other analyses:</b> |  |                             |                          |                          |                          |                          |
| <input type="text"/>   |  |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>   |  |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>   |  |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>   |  |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/>   |  |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |