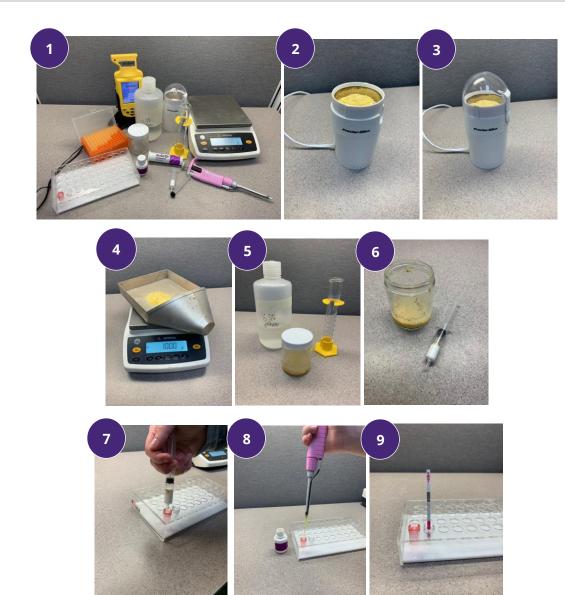
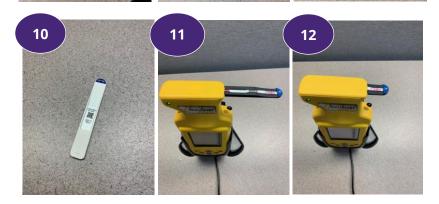
EXAMPLE FUMONISIN TESTING AT RECEIVING





From SOP #: _____