

>> Pflanzen: Rückstände und Kontaminanten

Bitte je Probe ein Formular ausfüllen!

Auftraggeber*: <input style="width: 100px; height: 20px;" type="text"/> <small>Kd.-Nr. falls vorhanden</small>	Kostenträger: <input style="width: 100px; height: 20px;" type="text"/> <small>Kd.-Nr. falls vorhanden</small>	Durchschrift: <input style="width: 100px; height: 20px;" type="text"/> <small>Kd.-Nr. falls vorhanden</small>
..... Name, Vorname Name, Vorname oder [] wie Auftraggeber Name, Vorname
..... Straße Straße Straße
..... PLZ Ort PLZ Ort PLZ Ort
..... Telefon	E-Mail Telefon
..... E-Mail	Durchschrift an Kostenträger: [] ja [] nein E-Mail

Probenahmedatum: Probenehmer: [] wie Auftraggeber oder []

Probenbezeichnung / Kulturart*: <div style="height: 40px;"></div>	optional: E-Mail-Betreff ¹ <input style="width: 100%; height: 20px;" type="text"/> <div style="background-color: #e0e0e0; padding: 5px; text-align: center; font-weight: bold;"> >> Erforderliche Probenmenge: ca. 300 g Frischmasse </div>
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Untersuchung auf

- | | |
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| <input type="checkbox"/> Multimethode (GC-MS und LC-MS/MS)
<input type="checkbox"/> Einzelwirkstoff (aus dem Multimethodenspektrum)
<small>(bitte eintragen)</small>
.....
<input type="checkbox"/> Dithianon
<input type="checkbox"/> Quartäre Ammoniumverbindungen (QAV)
<input type="checkbox"/> Phenoxyalkancarbonsäuren
<input type="checkbox"/> Chlormequat/Mepiquat
<input type="checkbox"/> Ethephon
<input type="checkbox"/> Chlorat/Perchlorat
<input type="checkbox"/> Fosetyl-AI/Phosphonsäure
<input type="checkbox"/> Maleinsäurehydrazid
<input type="checkbox"/> Dithiocarbamate
<input type="checkbox"/> Glyphosat (inkl. AMPA und Glufosinat) | <input type="checkbox"/> Anorganisches Gesamtbromid
<input type="checkbox"/> Nitrat
<input type="checkbox"/> Schwermetalle
<input type="checkbox"/> Arsen
<input type="checkbox"/> Blei
<input type="checkbox"/> Cadmium
<input type="checkbox"/> Chrom
<input type="checkbox"/> Kobalt
<input type="checkbox"/> Kupfer
<input type="checkbox"/> Nickel
<input type="checkbox"/> Quecksilber
<input type="checkbox"/> Sonstige: |
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Beurteilungen

Pflanzenschutzrechtliche Beurteilung

Bundesland: (Angabe für die Beurteilung erforderlich)

* Pflichtfeld

..... Datum und Unterschrift Probenehmer Datum und Unterschrift Auftraggeber