



**WHEAT ANALYSIS REQUEST BETWEEN
MEDECINS SANS FRONTIERES SECTION (MSF)
AND NAME OF THE LABORATORY**

I- Buyer :

Médecins Sans Frontières Section
Address, contact name, phone & fax numbers, e-mail

II- Laboratory :

Precise contact detail of the lab (address, name, phone & fax number, e-mail)

III- Quantity to be analysed :

The laboratory should advise on the quantity to be analysed, following the square root of the total quantity of unit packaging (ex. Samples taken out from 10 bags for a 100 bags batch) rule.

IV- Analyses required :

Quality factors	Grain	Flour
Moisture content		<14%
Proteins (on dry matter)	>11.5% (Nx5.7)	>10.5% (Nx6.25)
Hagberg falling number	>220	>220 including the preparation (agitation 60s)
Zeleny index		>25
Impurities of animal origin (including dead insects)		<0.1%
Other organic foreign matter (seeds, stems...)	<1.5%	N/A
Mineral extraneous matter (stones, dust...)		<0.5%
Living insects		none
Defective grain	< 10%	
- Broken (2.5mm sieve)	<3%	
- Sprouted	<2.5%	N/A
- Insect bored	< 1.5%	
- Damaged kernels	< 6%	
Microbiology & contaminants	Grain	Flour
Samonella		none in 25g

Ergot	<0.05%	N/A
Total aflatoxins		<4 ppb
Ochratoxine	<5 ppb	<3 ppb
Deoxynivalenol (vomitoxine)	<1250 ppb	<750 ppb

V- Reporting :

A complete certificate of analysis should be transmitted, including :

- the type of product,
- the batch number,
- the lab standard used for each analysis,
- the detailed results obtained for each analysis,
- the maximum tolerated levels for each analysis according to the buyer' specifications
- the date of issue, the name and signature of the person for the laboratory.

VI- Payment :

The total price agreed for the analyse of **XX**kg of **exact type of** wheat is CURRENCY **XX** (**total amount in letters**)

The payment will be done by MSF **section** once the complete reports of inspections will be given to the buyer.

VII- Disputes:

In every case MSF **section** and the laboratory will try to find an amicable agreement. In the case of legal trial, the **French** law governs the present general conditions.

Place, exact date

Place, exact date

For MSF **section**
Name of representative
Position

For the laboratory
Mr. Name of the contact person
Name of the Society