



**MAIZE 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	Grits
Moisture content	<14%	<13%	
Granularity	N/A	>95% sieve 0.85 mm >45% sieve 0.71mm <25% sieve 0.21mm	>95% for 2mm sieve < 20% for 0.71mm
Foreign matter		<0.5%	
Impurities of animal origin (including dead insects)		<0.1%	
Living insects		none	
Defective gr.	< 6%		
-Broken	<4%		
- Diseased	<0.5%	N/A	N/A
-Other grain	<3%		
Others colour grains	Yellow:<5% White:<2%	N/A	N/A
Microbiology & contaminants	Grain	Flour	Grits
Samonella		none in 25g	
Total aflatoxins		<4 ppb	
Zearalenone	<350 ppb	<300 ppb	

<b>Fumonisin B1,B2</b>	<4000 ppb	<2000 ppb
<b>Deoxynivalenol (vomitoxine)</b>	<1750 ppb	<1250 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** maize is EUR **XX** (**total amount in letters** Euro)

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**

For MSF **section**  
**Name of representative**  
**Position**

**Place, exact date**

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