

Contact Information:

Contact: Country:
Position: E-mail:
Company: Type of Company:
Telephone: Fax:

1) That best describes your business / industry.

2) What species do you work with?

3) How much knowledge do you have about mycotoxins?

(1= None 10 = High)

1 2 3 4 5 6 7 8 9 10

4) How significantly are the following mycotoxins affecting your feed?

(1= None 10 = High)

Aflatoxin	1	2	3	4	5	6	7	8	9	10
Fumonisin	1	2	3	4	5	6	7	8	9	10
Ochratoxin	1	2	3	4	5	6	7	8	9	10
T-2 Toxin	1	2	3	4	5	6	7	8	9	10
Vomitoxin	1	2	3	4	5	6	7	8	9	10
Zearalenone	1	2	3	4	5	6	7	8	9	10

5) Please indicate which mycotoxins do you currently test for, and how often.

6) Which method do you use?

7) Are you currently using a toxin binder? If yes, please indicate product name and doses:

8) On a scale of 1-10, how satisfied are you with your toxin binder?

(1= None 10 = High)

1 2 3 4 5 6 7 8 9 10

9) As part of your quality control (GMP/ISO) does the mycotoxin binder you are buying certifying each lot's efficacy against mycotoxins?

10) What parameters are you evaluating to know if your toxin binder is working:

11) How much influence do you think mycotoxins have in the failure of vaccination programs?

(1= None 10 = High)

1 2 3 4 5 6 7 8 9 10

Thank you for filling the questioner

