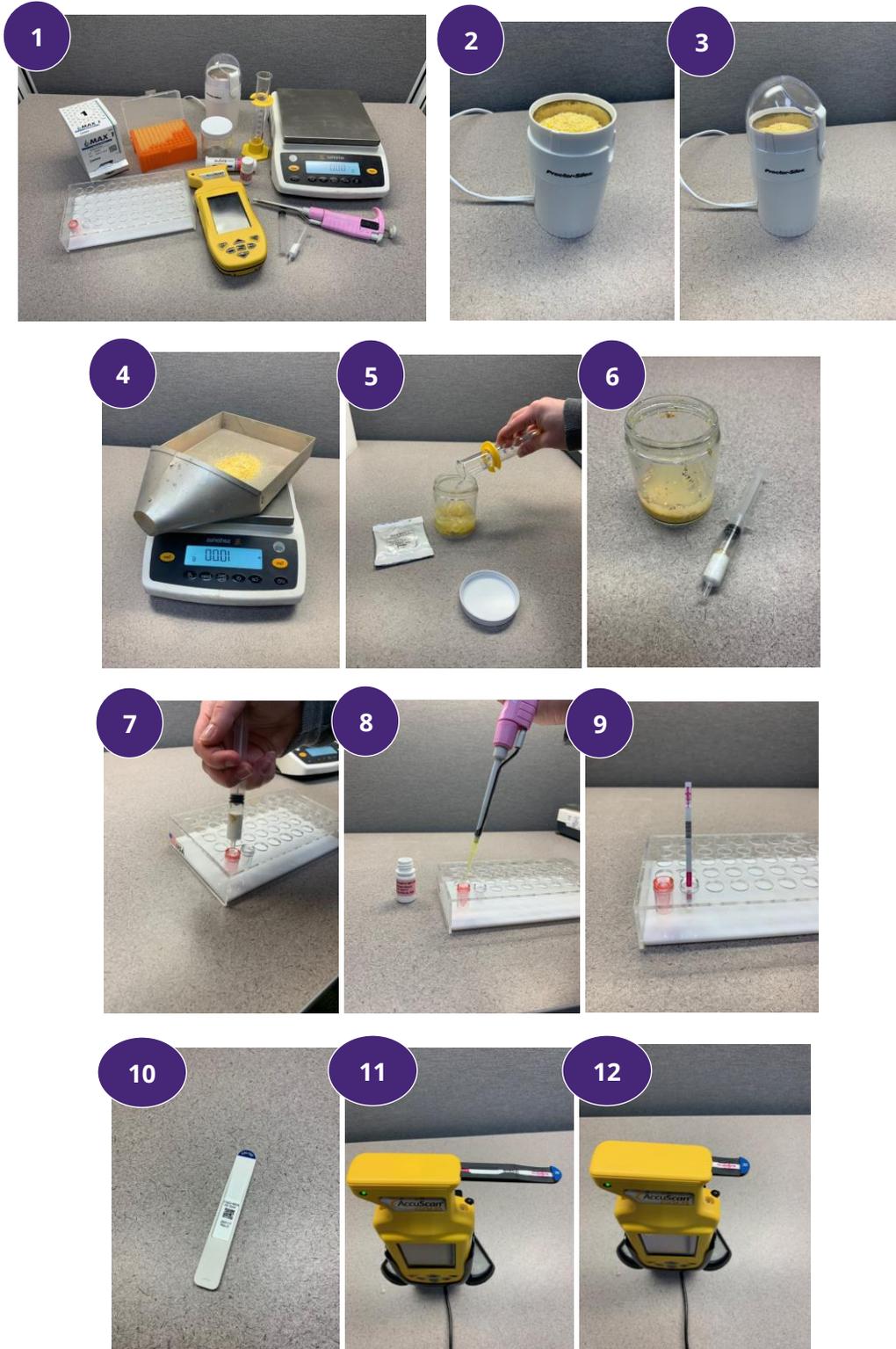


EXAMPLE AFLATOXIN TESTING AT RECEIVING



From SOP #: _____