******2019 Corn Silage Mycotoxin Survey**

Please submit a corn **silage sample** for mycotoxin testing (26 different toxins) to MSU Agronomy lab (Manni Singh, 517-775-8174, [msingh@msu.edu](mailto:msingh@msu.edu), 4450 Beaumont Road, Lansing 48910).

**Goal:** Investigate the relative impacts of agronomic practices and weather conditions across Michigan locations on mycotoxin contamination and overall corn silage quality

**Procedure**: Collect a representative sample during harvest (take multiple samples from the field, mix well and then collect a 1 lb. subsample), sample should preferably be dried (if possible) or frozen soon after collection and either will be picked up by the lab or can be shipped in before end-November (lab will pay shipping costs). We will share data on mycotoxin and quality (NIRS) with you. Please fill out the information requested below when time permits (preferably by Dec 31). Your personal information will stay confidential.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Name/ID:

Field Location (including GPS): Acres:

Has this field had issues with mycotoxins in the past?

Yes/No/Unknown

Irrigation

Yes/No

Field Drainage

Yes/No

Type\_\_\_\_\_\_\_\_\_\_\_\_\_

Crop History

Rotation:

2018 Crop

2017 Crop

2016 Crop

Cover Crops (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019 Field Season**

Planting Date: Harvest Date/moisture%:

Corn Hybrid: Seeding rate:

Tillage:

Spring/Fall Equipment used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nutrient Management Program:

Manure: Yes/No. Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lime: Yes/No. Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fertilizer

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Analysis | Rate |
| Broadcast |  |  |  |
| Starter |  |  |  |
| Side Dress |  |  |  |
| Other |  |  |  |

Herbicide Program

Date: Product: Rate:

Date: Product: Rate:

Date: Product: Rate:

Insecticide Program

Date: Product: Rate:

Date: Product: Rate:

Fungicide Program

Seed Treatment:

Foliar Fungicide:

Date: Product: Rate:

**Additional Information**

Soil test (ppm). pH\_\_\_\_P\_\_\_\_\_\_K\_\_\_\_\_\_OR please provide a soil test report if available.

Weather Station on farm? Yes/No

Ear or stalk rot observed in field this year?

Insect (e.g. western bean cutworm/corn borer/earworm) feeding?

Other relevant information

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