

**FOR LAB USE ONLY**

Opened by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Sample Arrived:

Room Temp  Ice Pack  Frozen  Other \_\_\_\_\_

**Milk Quality Lab**

Shipping Address:  
Animal Health International Milk Quality Lab  
26357 Road 108  
Tulare, CA 93274  
Phone: (559) 372-5669 Fax: (559) 404-1435  
Email: [lab@animalhealthinternational.com](mailto:lab@animalhealthinternational.com)

**Sample Submission Form**

Date collected \_\_\_\_\_ Date shipped \_\_\_\_\_

Producer/Contact Name \_\_\_\_\_

Farm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Veterinarian \_\_\_\_\_

**Report Results:** (Please check the method/s preferred)

Text \_\_\_\_\_

Call \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

DC305 \_\_\_\_\_

Veterinarian \_\_\_\_\_

**SPECIES:**  Bovine  Caprine  Ovine

Check all tests that apply and enter quantity of samples to be tested. If multiple samples and tests requested - Specify on Multiple Animal Form

INDIVIDUAL ANIMAL TESTING:			
CULTURE:	qty	OTHER TESTING:	qty
<input type="checkbox"/> Aerobic & Mycoplasma (Full Culture)	_____	<input type="checkbox"/> Pregnancy Test (Blood/Milk) $\geq 28d$ post-bred, $\geq 60d$ post-partum*	_____
<input type="checkbox"/> Aerobic ID only <input type="checkbox"/> Mycoplasma only	_____	<input type="checkbox"/> Johnes (Blood / Milk)	_____
<input type="checkbox"/> Contagious ID only (circle all that apply): S. aureus / S. ag / Prototheca / Mycoplasma	_____	<input type="checkbox"/> BVDV (Serum **/ Ear Notch/ Milk)	_____
<input type="checkbox"/> Other Organism ID (specify): _____	_____	<input type="checkbox"/> BLV (Serum)	_____
<input type="checkbox"/> Mycoplasma PCR	_____	<input type="checkbox"/> CAE (Blood)	_____
<input type="checkbox"/> Somatic Cell Count (SCC)	_____	<input type="checkbox"/> Calf Serum Total Proteins <input type="checkbox"/> RID IGG	_____
<input type="checkbox"/> Antibiotic Sensitivity	_____	<input type="checkbox"/> Antibiotic Residue	_____
MILK QUALITY TESTING:			
<input type="checkbox"/> <b>Bulk Tank Screening</b>	_____	<input type="checkbox"/> <b>Quantitative</b>	_____
<input type="checkbox"/> Comprehensive Culture	_____	<input type="checkbox"/> Standard Plate Count (SPC)	_____
<input type="checkbox"/> Contagious ID (aureus, ag, Prototheca, Myco)	_____	<input type="checkbox"/> Coliform Count (CC)	_____
<input type="checkbox"/> Mycoplasma PCR	_____	<input type="checkbox"/> Laboratory Pasteurized Count (LPC)	_____
<input type="checkbox"/> Other Culture:	_____	<input type="checkbox"/> Somatic Cell Count (SCC)	_____
<input type="checkbox"/> Bedding	_____	<input type="checkbox"/> SPC + Coliform (Colostrum/Waste Milk)	_____
<input type="checkbox"/> Towel	_____	<input type="checkbox"/> Milk Quality Screen (SPC, CC, LPC)	_____
<input type="checkbox"/> Water	_____	<input type="checkbox"/> <b>Other:</b> _____	_____
<input type="checkbox"/> Disinfectant	_____	_____	_____

\*Pregnancy (Sheep):  $\geq 35d$  post-bred (blood); \*\* BVD: Serum is only suitable from precolostral newborn calves or calves older than three months of age.

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**Multiple Sample  
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*Please label the sample tube with Animal ID and Tube #.*

Tube #	Animal ID	Days Bred PREGNANCY TEST	Test Request
_1			
_2			
_3			
_4			
_5			
_6			
_7			
_8			
_9			
_0			
_1			
_2			
_3			
_4			
_5			
_6			
_7			
_8			
_9			
_0			