

Milk Sample Submission

Accession.: _____

On DHIA? yes no Center name: _____ Herd code: _____

PLEASE WRITE ANIMAL ID CLEARLY on MILK COLLECTION TUBE(S)

Clinical Signs/History/Treatments:

Individual Sample:

- Dry Cow
- Fresh Cow
- Teat End Injury

Date of last lactation treatment: _____

Lactation treatment name: _____

Herd Survey:

Dip type/name: _____ Predip
 Postdip

Dry treatment type/name: _____

Herd size: _____

Bulk Tank SCC: _____

Test Requests:

- Routine Aerobic QTR
- Routine Aerobic Comp
- Routine Aerobic BTnk
- Anaerobic
- Mycoplasma
- Fungal
- Antibiotic Sensitivity

Other: _____

Additional Information or Sample identification:

Remarks: