

MILK SAMPLE REQUEST FORM



Customer _____

Address _____

City _____ State _____ ZIP _____

Phone # _____ Fax # _____

Email _____ Herd Code _____

Preferred Delivery of Results Email Mail

SELECT REQUESTED RESULTS:

MILK ANALYSIS	DIAGNOSTICS: PCR*	DIAGNOSTICS: MILK CULTURE**
SCC FAT TRU. PROTEIN LACTOSE FULL MILK FA ANALYSIS MUN SNF UREA	MYCOPLASMA ONLY <i>Mycoplasma bovis</i> <i>Mycoplasma spp</i> CONTAGIOUS 4 PATHOGENS <i>Mycoplasma bovis</i> <i>Mycoplasma spp</i> <i>Staphylococcus aureus</i> <i>Streptococcus agalactiae</i> COMPLETE 12 PATHOGENS <i>Mycoplasma bovis</i> <i>Mycoplasma spp</i> <i>Staphylococcus aureus</i> <i>Staphylococcus spp</i> <i>Streptococcus agalactiae</i> <i>Streptococcus uberis</i> <i>Strep dysgalactiae</i> <i>Beta-lactamase gene</i> <i>Enterococcus</i> <i>E. coli</i> <i>Klebsiella</i> <i>Prototheca spp</i>	BEDDING CULTURE BULK TANK CULTURE BULK TANK CULTURE without MYCOPLASMA MASTITIS COW CULTURE SENSITIVITY STAPH AND STREP CULTURE STAPH CULTURE
	*Pooling options available	**Cultures require use of a sterile bottle

SAMPLE #	ANIMAL, STRING, OR TANK #	SAMPLE #	ANIMAL, STRING, OR TANK #