

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
SCC
FAT
TRU. PROTEIN
LACTOSE
FULL MILK FA ANALYSIS
MUN
SNF
UREA

DIAGNOSTICS: PCR*
<input type="checkbox"/> MYCOPLASMA ONLY <i>Mycoplasma bovis</i> <i>Mycoplasma spp</i>
<input type="checkbox"/> CONTAGIOUS 4 PATHOGENS <i>Mycoplasma bovis</i> <i>Mycoplasma spp</i> <i>Staphylococcus aureus</i> <i>Streptococcus agalactiae</i>
<input type="checkbox"/> 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>

*Pooling options available

**All samples for PCR Analysis should be shipped to Menomonie

SAMPLE #	ANIMAL, STRING, OR TANK #

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