

Culture and Sensitivity Submission Form

Rev No: 02, Document No: F037 Issued by: PK Date : 01.10.14

Approved by: NW 

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|-----------------------------|
| Name of Veterinary Surgeon: |
| Name of Clinic: |
| Address of Clinic: |
| Telephone Number of Clinic: |
| Email address: |
| Vet's Signature : |

| | |
|----------------------------|---|
| Name of Owner: | |
| Address of Owner: | |
| Telephone: | |
| Herd Number : | Dry Cow <input type="checkbox"/> Milking Cow <input type="checkbox"/> |
| Owner's Signature : | |

| | |
|--|--|
| Invoicing and issuing results (Please note results will only be issued to the bill payer) | |
| Please send invoice and results to: | Vet <input type="checkbox"/> OR Owner <input type="checkbox"/> |
| | Paid when sample submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------|
| Supplier No: | | | | | | |
| Co-operative: Please Tick | | | | | | |
| Glanbia <input type="checkbox"/> | Dairygold <input type="checkbox"/> | Barryroe <input type="checkbox"/> | Bandon <input type="checkbox"/> | Kerry <input type="checkbox"/> | Drinagh <input type="checkbox"/> | Other <input type="checkbox"/> |
| Milk Advisor Name: | | | | | | |

| Animal IDs: For >10 animals, please attach a full list to the back of this form | | | |
|---|------------|--------|------------|
| Sample | Cow Number | Sample | Cow Number |
| 1 | | 6 | |
| 2 | | 7 | |
| 3 | | 8 | |
| 4 | | 9 | |
| 5 | | 10 | |

| For Laboratory Use Only | JOB ID: | Comments : |
|------------------------------------|--|------------|
| Date received: | | |
| Received by Initial: | | |
| Sample received in good condition: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |