



ANIMAL HEALTH LABORATORIES
Milk Testing Submission Form

Doc No: F121
 Rev: 01 Date:12/03/2018
 Issued by: LR
 Approved by: NW

Veterinary Practice Details

Name: _____

Address: _____

Phone: _____

Email: _____

Submitting Vet: _____

Signature: _____

Herd Owner Details

Name: _____

Address: _____

Herd Number: _____

Phone: _____

Email: _____

Sample Details

Individual Milk <input type="checkbox"/>	Number of Samples: _____	Additional Comments:
Bulk/Pooled Milk <input type="checkbox"/>	Date of Sampling: _____	

Milk Culture & Sensitivity

Test requested for: Clinical Mastitis Dry Cow Therapy

Sample No	Cow ID	Sample No	Cow ID
1		6	
2		7	
3		8	
4		9	
5		10	

To charge culture and sensitivity to Co-operative account please provide
 Supplier No: _____ Co-op: _____

Additional Comments/Requests

See overleaf for additional milk tests

For Laboratory Use Only	Comments:
Job No:	
SO Number:	
Date received:	
Received by:	
Sample received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Milk Testing Submission Form

Animal Tag Number/ Sample ID	Tube Number	Elisa (Antibody) Tests													PCR tests			
		BVD antibody*	Fluke (Bulk/pooled milk only)	IBR gB* (un-vaccinated)	IBR gE* (vaccinated)	Johnes* (Individual milk only)	Leptospirosis	Mycoplasma bovis	Neospora	Ostertagia (Bulk milk/pooled only)	PIV3	Pregnancy Test (Individual milk only)	Salmonella	Q Fever	RSV	BVD Virus PCR*	Mycoplasma bovis PCR	Contagious Mastitis PCR

For >10 animals, please append a full list of all animal ID's to this submission form

*Tests for which AHL is ISO17025 accredited

Additional Comments/Requests