



**ANIMAL HEALTH LABORATORIES**  
**Milk Testing Submission Form**

Doc No: F121  
 Rev: 00 Date:11/10/2018  
 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* T302	Fluke (Bulk/pooled milk only) T311	IBR gB* (un-vaccinated) T305	IBR gE* (vaccinated) T307	Johnes* (Individual milk only) T307	Leptospirosis T304	Mycoplasma bovis T308	Neospora T312	Ostertagia (Bulk milk/pooled only) T313	PI3 T309	Pregnancy Test T303 (Individual milk only) T303	Salmonella T315	RSV T310	BVD Virus PCR* T701	Mycoplasma bovis PCR T901

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