



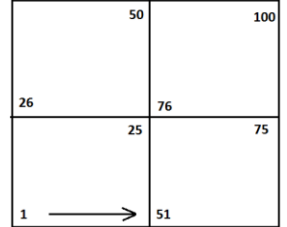
MILK SAMPLE SUBMISSION FORM

OWNER / COMPANY: **DATE COLLECTED:**

FARM NAME: **TEL:**

Email address:

- Please arrange the sample tubes OR vials in the sequence shown and don't leave gaps.
- Number the tubes sequentially (e.g. 1 to 100). Write the cow number and where applicable the quarter (RF, RH, LF, LH) next to the relevant number in the list below. An excel spreadsheet is available from the lab for electronic capture (preferred by lab).
- Samples should be kept cool (2-8°C) and dispatched to the laboratory as soon as possible after collection. Freezing of samples is not recommended where a somatic cell count is required.
- Ensure that samples are either delivered to the laboratory the afternoon before OR before 09h00 on the booked date.



Please indicate your reason/s for submitting these samples:

- Herd test (SCC only) Herd test (SCC, culture if >500,000/ml) Herd test (SCC, culture *all*) Clinical cases
- Quarter samples after herd test Cows recently calved Cows to be dried off Other

TUBE No.	COW ID	QTR	TUBE No.	COW ID	QTR	TUBE No.	COW ID	QTR	TUBE No.	COW ID	QTR
1			6			1			6		
2			7			2			7		
3			8			3			8		
4			9			4			9		
5			0			5			0		
6			1			6			1		
7			2			7			2		
8			3			8			3		
9			4			9			4		
0			5			0			5		
1			6			1			6		
2			7			2			7		
3			8			3			8		
4			9			4			9		
5			0			5			0		
6			1			6			1		
7			2			7			2		
8			3			8			3		
9			4			9			4		
0			5			0			5		
1			6			1			6		
2			7			2			7		
3			8			3			8		
4			9			4			9		
5			0			5			0		