Dairy Herd Lab Submission Form

Ship Samples To:
Dairy Herd Lab
1825 E Germann Rd, Suite-12
Chandler AZ, 85286
Phone: 480-857-1522
Fax: 480-857-1521
Email: DairyHerdLab@msn.com

For Lab Use Only
Sample Date: _____
Dairy Code: _____
Type Code: _____
Streak Date: _____
Plate Type: BAP / MYCO / BOTH / OTHER

Comments
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Date Collected _____ Date Shipped _____
Owners Name _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Send Lab Report to Owner ☐ Vet ☐
Request a Login to view Lab Reports Online ☐

Dairy / Farm Name _____
If you request the lab report be sent out to your vet, please provide their email or fax
Veterinarian _____
Email _____
Fax _____
Send Results By: Email ☐ Fax ☐

Place an X on the desired tests to be done on each sample (MASTITIS, MYCOPLASMA, SENSITIVITY, ect)
Additional Tests: SALMONELLA, COLIFORM, ANTIBIOTIC, AFLATOXIN, E. COLI 0157, PARASITES, VISIT SITE FOR FULL LIST

Specimen Origin: **Cow** ☐ **Goat** ☐ **Other** ☐ _____

Individual Samples ☐ **Tank Samples** ☐ **Fecal** ☐ **Feed** ☐ **Water** ☐ **Other** ☐ _____

Tube # or Tank #	Animal # or Name	RF/RR/LF/LR RS/LS or Composite	Sample Type *Mastitis, Fresh, Dry, Heifer, ect*	MASTITIS	MYCOPLASMA	SENSITIVITY	E. COLI	OTHER

dhlaboratory.com/ship

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