

Dairy Herd Lab Submission Form

Ship Samples To:
 Dairy Herd Lab
 1825 E Germann Rd, #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

Date Collected _____ Date Shipped _____ Dairy / Farm Name _____
 Owners Name _____ *If you request the lab report be sent out to your vet,*
 Billing Address _____ *please provide their email or fax*
 City _____ State _____ Zip _____ Veterinarian _____
 Phone _____ Fax _____ Email _____
 Email _____ Fax _____
 Send Lab Report to Owner Vet Send Results By: Email Fax
 Request a Login to view Lab Reports Online

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 \$5.00	MYCOPLASMA \$5.00	SENSITIVITY \$25.00	E. COLI \$13.00	OTHER

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