

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** _____

Comments

Tube # or Tank #	Animal # or Name	RF/RR/LF/LR RS/LS or Composite	Sample Type <i>Mastitis, Fresh, Dry, Heifer, ect</i>	MASTITIS \$2.50	MYCOPLASMA \$2.50	SENSITIVITY \$25.00	E. COLI \$13.00	OTHER