

Veterinary Practice Details			H	Herd Owner Details							
Name:			_ Na	Name:							
Address:			_ Ad	Address:							
			_								
Dhono			_								
			He	Herd Number:							
Email:			_{Ph}	Phone:							
Submittin	g Vet:		_								
Signature	:		_ <u> En</u>	Email:							
Sample Details											
Individual Milk Number o				les:	Additional Comments:						
Bulk/Pooled Milk Date of Sa				mpling:							
		Milk Cultur	e & Se	nsitivity							
Test requ	uested for:	Clinical Mastitis		Dry Cow Therapy							
Sample No	(Cow ID	Sample No	Cow ID							
1			6								
3			7 8								
4			9								
5			10								
	e culture and sens	sitivity to Co-operative a	1	ease provide							
Supplier	No:	Co-op:									
Addition	al Comments/Req	uests									

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 No	

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Milk Testing Submission Form

Doc No: F121 Rev: 01 Date: 27.04.23 Issued by: MOL Approved by: NW

		Elisa (Antibody) Tests									PCR tests					
Animal Tag Number/ Sample ID	Tube Number	BVD antibody* T302	Fluke (Bulk/pooled milk only) T311	IBR gB* (un-vaccinated) T305	IBR gE* (vaccinated) T 307	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		