## $D_{airy}\ Herd\ Lab\ Submission\ Form$

| 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 |   |                                | Dairy C<br>Type Co<br>Streak I                  | For Lab Use Only  Sample Date:  Dairy Code:  Type Code:  Streak Date:  Plate Type: BAP / MYCO / BOTH / OTHER |                         |               |         | Comments |
|--|---|--------------------------------|---|--|-------------------------|---------------|---------|----------|
| Date Collected Date Shipped  |   |                                |   |  |                         |               |         |          |
| Owners Name  Billing Address   |   |                                | please provi                                    | If you request the lab report be sent out to your vet, please provide their email or fax                     |                         |               |         |          |
| City       State       Zip         Phone       Fax   |   |                                | Email   | Veterinarian Email   |                         |               |         |          |
| Send Lab   | Report to Owner   Login to view Lab Rep                     | Vet □                          |   | s By: Email  | Fax                     | -<br>:        |         |          |
| Additiona<br>Specimen  | X on the desired tests to al Tests: SALMONELLA, Origin: Cow | COLIFORM, ANTIE                |   | COLI 0157, PAR   | RASITES, VISIT SITE FOR | R FULL LIST - |         |          |
| Tube #   | Animal # or Name  | RF/RR/LF/LR RS/LS or Composite | Sample Type  Mastitis, Fresh, Dry,  Heifer, ect | Water  MASTITIS  | MYCOPLASMA              | SENSITIVITY   | E. COLI | OTHER    |
|  |   |                                |   |  |                         |               |         |          |
|  |   |                                |   |  |                         |               |         |          |
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