

## Dairy Chain of Custody

 Date: 

### Report To Information

 Client Name: 

 Address: 

 City:  State:  Zip: 

 Phone:  Fax: 

 Email: 

Instructions: Please check off the box next to the test requested and indicate the number of samples to the left.

### Mastitis Testing

 Standard Culture

 Standard Culture & Mycoplasma

 Mycoplasma Only

### Enviromental Testing

 Bedding Analysis

 Barn Water Analysis (*drop hoses, sprinkler pens*)

 Swabs (*backflush, equipment*)

 Surface Water Analysis (*Fecal Coliform Count*)

### Quality Control Testing

 Bulk Tank Culture

 Chemical Efficacy Verification (*iodines, cleaners*)

 Nutritional Analysis

 Surface Water Analysis (*Fecal Coliform Count*)

### Animal Accountability

 Johnes (*M. paratuberculosis*)

 BLV (*Bovine Leukemia Virus*)

 CAE (*Caprine Arthritis Encephalitis Virus*)

 Brucella Ovis (*goats, sheep*)

 Neospora caninum

 Fat, Protein, SCC

 MUN

 Samples relinquished by:  Date:  Time: 

 Samples received by:  Date:  Time: 

#	Cow Number	QTR	Reason	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

 Sample Id: