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MILK QUALITY DIAGNOSTIC REQUEST FORM

Date: _____
 Veterinarian: _____ Producer: _____
 Clinic: _____ Site/Barn: _____
 Address: _____ Address: _____
 City, State Zip: _____ City, State Zip: _____
 Phone: _____ Fax: _____ Species: _____
 E-mail: _____ Age/Lbs: _____

Tentative Diagnosis: _____

Special Instructions:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Individual Cow Culture | No. of Samples _____ | <input type="checkbox"/> Bulk Tank Culture | No. of Samples _____ |
| | Mycoplasma <input type="checkbox"/> Yes <input type="checkbox"/> No | | Mycoplasma <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Antibiotic Sensitivity <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Mycoplasma Only | No. of Samples _____ | <input type="checkbox"/> Bedding Culture | No. of Samples _____ |
| <input type="checkbox"/> Staph/Strep Culture Only | No. of Samples _____ | <input type="checkbox"/> Towel Culture | No. of Samples _____ |
| <input type="checkbox"/> Staph Culture Only | No. of Samples _____ | Condition of samples upon arrival at lab: _____ | |
| <input type="checkbox"/> Strep Culture Only | No. of Samples _____ | _____ | |

<u>Tube</u>	<u>Sample No.</u>	<u>Tube</u>	<u>Sample No.</u>	<u>Tube</u>	<u>Sample No.</u>	<u>Tube</u>	<u>Sample No.</u>
1	_____	11	_____	21	_____	31	_____
2	_____	12	_____	22	_____	32	_____
3	_____	13	_____	23	_____	33	_____
4	_____	14	_____	24	_____	34	_____
5	_____	15	_____	25	_____	35	_____
6	_____	16	_____	26	_____	36	_____
7	_____	17	_____	27	_____	37	_____
8	_____	18	_____	28	_____	38	_____
9	_____	19	_____	29	_____	39	_____
10	_____	20	_____	30	_____	40	_____

Case No.	Date Rec'd	Courier:	Technician:
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PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.