

BEDDING CULTURE SAMPLE SUBMISSION FORM

Heartland Milk Labs

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LAB USE ONLY

Case Number:
 Date Received:
 Technician:
 Date Reported:

VETERINARY CLINIC NAME, ADDRESS, PHONE AND FAX:

PRODUCER/FARM NAME:

	Sample ID	Total Counts per Gram		Comments
		Total Streps	Total Coliforms	
1				
2				
3				
4				
5				

COMMENTS OR SPECIAL REQUESTS: _____
