

**INDIVIDUAL COW SAMPLE SUBMISSION FORM**

**Heartland Milk Labs**

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**LAB USE ONLY**

Case Number:  
 Date Received:  
 Sample:    frozen        cold        warm  
 Technician:  
 Date Reported:

VETERINARY CLINIC NAME, ADDRESS, PHONE AND FAX:

PRODUCER/FARM NAME:

Included in routine culture

	Animal ID	Circle tests requested	Staph aureus	Staph Spp	Strep ag	Non-ag Strep	Coliforms	No growth or No Significant Pathogen	Mycoplasma
1		Routine Culture    Mycoplasma							
2		Routine Culture    Mycoplasma							
3		Routine Culture    Mycoplasma							
4		Routine Culture    Mycoplasma							
5		Routine Culture    Mycoplasma							
6		Routine Culture    Mycoplasma							
7		Routine Culture    Mycoplasma							
8		Routine Culture    Mycoplasma							
9		Routine Culture    Mycoplasma							
10		Routine Culture    Mycoplasma							
11		Routine Culture    Mycoplasma							
12		Routine Culture    Mycoplasma							
13		Routine Culture    Mycoplasma							
14		Routine Culture    Mycoplasma							
15		Routine Culture    Mycoplasma							
16		Routine Culture    Mycoplasma							
17		Routine Culture    Mycoplasma							
18		Routine Culture    Mycoplasma							
19		Routine Culture    Mycoplasma							
20		Routine Culture    Mycoplasma							

COMMENTS OR SPECIAL REQUESTS: \_\_\_\_\_

For information on sensitivities, isolate keying and sampling techniques go to [www.ruraltechinc.com/heartland](http://www.ruraltechinc.com/heartland)