

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:

Bedding Washrag (Towel) Milk Filters Other _____

	Sample ID	Staphs	Streps	Coliforms	Comments
1					
2					
3					
4					
5					

COMMENTS OR SPECIAL REQUESTS: _____
