

WASH RAG 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 Staphs	Total Streps	Total Coliforms	
1					
2					
3					
4					
5					

COMMENTS OR SPECIAL REQUESTS: _____
