



# Milk Bacteriology Submission Form



Farm Details	Vet Details
Surname:	Vet:
Farm:	Practice:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Fax:	Fax:
email:	email:

Clinical History				
Herd Size			Average Yield	
		This Month	Last Month	Two months ago
Bulk Milk Somatic Cell Count				
Bactoscan				

Other Details	(If necessary Continue overleaf)

Sample Details							Please give as many details as possible as this aids interpretation
Sample Number	Cow ID	Qrt	Date	Approximate Days in Milk	Sample Type <small>(Tick as appropriate)</small>		Sensitivity <small>Please tick if required</small>
					Clinical	SubClinical	
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed:  Date:	<b>LAB USE ONLY</b> Submission Number: Date of Receipt: Date Reported: Initials:
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