



Bulk Tank Bacteriology Submission Form



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

Instructions

Following thorough agitation of the bulk tank collect a sample into the tube provided, using a sterile dipper. Ensure the sample does not become contaminated. It is important that samples remain cool during transit (using the kit provided). Always post samples 1st class (please do not post on a Friday or Saturday).

Clinical History

Herd Size		Average Yield	
		This Month	Last Month
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	Tank ID	Date	Time Collected	No of cows in Milk	Full Bacteriological Breakdown and Counts High Bactoscan Investigation	Identification of mastitis pathogens only High SCC Investigation
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>

Signed: Date:	LAB USE ONLY Submission Number: Date of Receipt: Date Reported: Initials:
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QUALITY MILK MANAGEMENT SERVICES LTD

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