

# Quality Milk Management Services Ltd



Please Complete Fully

Client Name: Farm Name: Address:  Tel: Fax: email:		Invoicing Details: (if different)	
<b>Number of Boxes</b>		<b>Tests Required (Please tick)</b>	
<b>Date Sampled</b>		SCC Only	
*Start time of Recorded Milking		Complete (SCC & Quality)	
*Start time of Previous Milking		Johnes ELISA Screening	
*Time since last milking (hrs)		* Essential information if factoring required	
*Milking Frequency (eg 2X)		\$ Essential information if on 'official' recording	
*Are the samples taken from 1 milking?	Yes	No	
\$ Volume of milk sold in past 24 hours		\$ Volume Retained	
\$ Please tick to confirm that all recording devices are functioning correctly			
<b>Re-order Requests (Please tick all that apply)</b>			
<input type="checkbox"/> Sample boxes and next lists	Number of boxes required per recording		
<input type="checkbox"/> Indelible Pen	(57 pots/box)		
<input type="checkbox"/> Packaging Tape			
<b>Laboratory Use Only</b>			
		Signed	Date
Date Received:			
Submission Number:			
Date Tested:			
Date Reported:			
Batch Code	Number Samples	Number Pilots	Total
<b>Notes</b>			

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Farm Name:	Tel Number:	Box Number:
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<b>Sequence Number</b>	1	2	3	4	5	6	7	8	9	10
<b>Cow Number</b>										
<b>Sequence Number</b>	11	12	13	14	15	16	17	18	19	<b>PILOT</b>
<b>Cow Number</b>										<b>Leave Empty</b>
<b>Sequence Number</b>	20	21	22	23	24	25	26	27	28	29
<b>Cow Number</b>										
<b>Sequence Number</b>	30	31	32	33	34	35	36	37	38	<b>PILOT</b>
<b>Cow Number</b>										<b>Leave Empty</b>
<b>Sequence Number</b>	39	40	41	42	43	44	45	46	47	48
<b>Cow Number</b>										
<b>Sequence Number</b>	49	50	51	52	53	54	55	56	57	<b>PILOT</b>
<b>Cow Number</b>										<b>Leave Empty</b>