QUALITY ANALYSIS REQUEST
Eastern Laboratory Services

Contact information and testing terms and conditions can be viewed at elslab.com

Requested by: _____

Producer #: _____ Number of Samples: _____

Date sampled: _____ By: _____

Time: _____ Temp: _____

- ☐ Field Service Investigative (88)
- ☐ Official Regulatory (99)
- ☐ Payment (00)
- ☐ Official Regulatory Recheck

FOR LABORATORY USE ONLY

Received by: _____

Date: _____ Time: _____ Temp: _____

Analyst: _____

Analysis date: _____ Time: _____ Temp: _____

TEST REQUESTED

Quality

- ☐ SPC/CFU
- ☐ PI
- ☐ LPC
- ☐ Coliform
- ☐ Antibiotics
- ☐ Other _____

Component

- ☐ Butterfat
- ☐ Protein
- ☐ SCC
- ☐ MUN
- ☐ Cryoscope/FPD

Diagnostics

- ☐ Pregnancy
- ☐ Johne's
- ☐ Culture

Special instructions: _____

INVESTIGATIVE TEST RESULTS ONLY

SPC/CFU/ML: _____ ,000

PI/ML: _____ ,000

MUN: _____

CRYOSCOPE/FPD: _____

LPC: _____

COLIFORM: _____

ANTIBIOTICS: _____

ESCC/ML: _____ ,000

BF: _____

OTHER: _____

PRO: _____

RESULTS TO

Email: _____

Phone: _____

Mail: _____

DISTRIBUTION OF RESULTS

☐ Email ☐ Mail ☐ Phone

By: _____ Date: _____

Revised December 2025