



QUALITY ANALYSIS REQUEST FORM

Eastern Laboratory Services

LAB LOG NO.

Name: _____

Division #: _____ Producer #: _____

Date Sampled: _____ Time: _____ Temp: _____

Field Service Investigative (88)	Official Regulatory (99)	Payment (00) Official Recheck
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FOR LABORATORY USE ONLY

Received By: _____

Date: _____ Time: _____ Temp: _____

Analyst: _____

Analysis Date: _____

	TEST REQUESTED Component	Diagnostics
Antibiotics	Fat/Protein	BVD
Cyro	Freeze Point	Culture
LPC	MUN	Johne's
PI	SCC	Pregnancy
PLC/CFU	Other _____	

INVESTIGATIVE TEST RESULTS ONLY

PLC/ML _____ .000 PI _____ .000

MUN _____ CRYOSCOPE -0 _____ C

LPC _____ COLIFORM _____

ANTIBIOTICS _____ O.S.C.C. _____

BF/PRO _____ OTHER _____

RESULTS TO

Email _____

Phone _____

Fax _____

Mail _____

Special instructions _____

DISTRIBUTION OF RESULTS

Email	By _____	Date _____
Phone	By _____	Date _____
Fax	By _____	Date _____
Mail	By _____	Date _____