



QUALITY ANALYSIS REQUEST

Eastern Laboratory Services

Requested by: _____ Div. #: _____ Sample #: _____ Date sampled: _____ By: _____ Time: _____ Temp: _____	FOR LABORATORY USE ONLY Received by: _____ Date: _____ Time: _____ Temp: _____ Analyst: _____ Analysis date: _____																					
<input type="checkbox"/> Field Service Investigative (88) <input type="checkbox"/> Official Regulatory (99) <input type="checkbox"/> Payment (00) <input type="checkbox"/> Official Regulatory Recheck																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33%;">Quality</th> <th style="text-align: center; width: 33%;">TEST REQUESTED Component</th> <th style="text-align: center; width: 33%;">Diagnostics</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PLC/CFU</td> <td><input type="checkbox"/> Fat/Protein</td> <td><input type="checkbox"/> Pregnancy</td> </tr> <tr> <td><input type="checkbox"/> PI</td> <td><input type="checkbox"/> SCC</td> <td><input type="checkbox"/> Johne's</td> </tr> <tr> <td><input type="checkbox"/> LPC</td> <td><input type="checkbox"/> MUN</td> <td><input type="checkbox"/> Culture</td> </tr> <tr> <td><input type="checkbox"/> Coliform</td> <td><input type="checkbox"/> Cryoscope</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Antibiotics</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </tbody> </table>	Quality	TEST REQUESTED Component	Diagnostics	<input type="checkbox"/> PLC/CFU	<input type="checkbox"/> Fat/Protein	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> PI	<input type="checkbox"/> SCC	<input type="checkbox"/> Johne's	<input type="checkbox"/> LPC	<input type="checkbox"/> MUN	<input type="checkbox"/> Culture	<input type="checkbox"/> Coliform	<input type="checkbox"/> Cryoscope		<input type="checkbox"/> Antibiotics			<input type="checkbox"/> Other _____			INVESTIGATIVE TEST RESULTS ONLY PLC/ML: _____,000 PI: _____,000 MUN: _____ CRYOSCOPE: _____ LPC: _____ COLIFORM: _____ ANTIBIOTICS: _____ O.S.C.C.: _____ BF/PRO: _____ OTHER: _____
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<p style="text-align: center;">RESULTS TO</p> Special instructions: _____ _____ Email: _____ Phone: _____ Mail: _____	<p style="text-align: center;">DISTRIBUTION OF RESULTS</p> Email By: _____ Date: _____ Phone By: _____ Date: _____ Mail By: _____ Date: _____																					