



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 |
|--|--------------------------------|----------------------------------|

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 | |
| 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 _____ |