



# QUALITY ANALYSIS REQUEST FORM

## Eastern Laboratory Services

<b>LAB LOG NO.</b>

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: \_\_\_\_\_

Quality	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 \_\_\_\_\_ .0000 PI \_\_\_\_\_ .0000

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 _____