

Milk Sample Submission Form

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South Dakota State University Animal Disease Research & Diagnostic Laboratory

1155 North Campus Drive, SDSU
Brookings, SD 57007
605-688-5171 605-688-6003 (fax)
website: <http://sdstate.edu/vs>
email: sdsu.adrdl@sdstate.edu

Laboratory Use Only

CASE NO: _____

Date Received _____

Sample Condition: **Frozen / Cold / Not OK**

Please type or print

Veterinarian _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Fax _____

Owner _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Fax _____

<p><u>Bulk Tank Testing</u> (Set Up: Monday, Tuesday, Wednesday)</p> <p><input type="checkbox"/> Bulk Tank Culture with Mycoplasma (All the vials will be pooled together unless stated)</p> <p>Number of Samples _____</p> <p>Pool: YES <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Check if Mycoplasma not needed</p> <p><input type="checkbox"/> Special Request (Additional Charges)</p> <p style="margin-left: 20px;">Non-ag <i>Strep.</i> ID <input type="radio"/> Coliform ID <input type="radio"/></p> <p>OTHER: _____</p>	<p style="text-align: center;"><u>Tips for Sample Collection</u></p> <p><input checked="" type="checkbox"/> Collect samples 5 days in a row.</p> <p><input checked="" type="checkbox"/> Agitate tank before collection.</p> <p><input checked="" type="checkbox"/> Use sanitized dipper to fill snap top or screw cap vial (sterile) ½ full (avoid outlet valves for sample collection).</p> <p><input checked="" type="checkbox"/> Tighten cap and label with a water proof marker (farm and date).</p> <p><input checked="" type="checkbox"/> Put immediately in refrigerator or freezer.</p>
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<p><u>Individual Cow Testing</u> (Check all that applies)</p> <p>(Herd Surveillance Set Up: Monday, Tuesday, Wednesday Clinical Mastitis Set Up: Monday through Friday)</p> <p><input type="checkbox"/> Comprehensive Mastitis Culture</p> <p>Number of Samples _____</p> <p>Sensitivity Report : YES <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Mycoplasma Culture</p> <p><input type="checkbox"/> <i>Staph.</i> Culture Only</p> <p>Sensitivity Report : YES <input type="checkbox"/> No <input type="checkbox"/></p>	<p style="text-align: center;"><u>Tips for Sample Collection</u></p> <p><input checked="" type="checkbox"/> Wear gloves.</p> <p><input checked="" type="checkbox"/> Disinfect each teat end with individual alcohol swabs. Let the teat dry.</p> <p><input checked="" type="checkbox"/> Discard initial streams (a half of a squirt).</p> <p><input checked="" type="checkbox"/> Fill snap top or screw cap vial (sterile) ½ full. Do not use milk swabs for sampling.</p> <p><input checked="" type="checkbox"/> Tighten cap and label with water proof marker (COW # & QUARTER RF, RR, LF, LR; ID #).</p> <p><input checked="" type="checkbox"/> Put immediately in refrigerator or freezer.</p>
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Shipping

Place the vials in a Ziploc plastic bag; place it between the solidly frozen freezer packs in a thick walled Styrofoam container; fill empty space with newspaper.

Do not forget to put completed submission form in a separate plastic bag (do not forget to write date(s) of sample collection). Ship to the address on the top right corner of the submission form.