

# MILK BACTERIOLOGY SUBMISSION FORM

FedEx/UPS/Drop Off Address:  
CSU Veterinary Diagnostic Lab  
2450 Gillette Drive Fort Collins, CO 80526  
dlab@colostate.edu  
(970) 297-1281



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CSU Veterinary Diagnostic Laboratory  
2450 Gillette Drive  
Fort Collins, CO 80526

**USPS Only Address:**  
CSU Veterinary Diagnostic Laboratory  
200 West Lake Street  
1644 Campus Delivery  
Fort Collins, CO 80523-1644

## OFFICE USE ONLY

Opened By: \_\_\_\_\_

DHL    USPS    FX    Courier    Other

Frozen    Dry Ice    Ice Pack    RT    Other

Comments: \_\_\_\_\_

### CLINIC

Account \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### OWNER/PRODUCER

Owner/Producer \_\_\_\_\_

Business/Premise ID: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### PERSON TO BE BILLED

Veterinarian \_\_\_\_\_ Owner/Producer \_\_\_\_\_

### SEND RESULTS BY

Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### REPORT RESULTS TO

Veterinarian \_\_\_\_\_ Owner/Producer \_\_\_\_\_

### SPECIES

Bovine    Caprine    Ovine

### INDIVIDUAL SAMPLE TESTING

Bacteria ID & Mycoplasma

Contagious ID (aureus, ag, Myco)

Mycoplasma Only

Bacteria ID Only

Mycoplasma PCR

Coliform Count (CC)

Standard Plate Count (SPC)

Somatic Cell Count (SCC)

Somatic Cell Count valid on Bovine samples only

### ANIMAL INFORMATION

Animal Name/Number/ID \_\_\_\_\_

Collection Date \_\_\_\_\_

Breed \_\_\_\_\_

Comments \_\_\_\_\_

*IF multiple samples and tests are requested specify on Milk Multiple Animal Submission Form (next page).*

\*\* For procedures on proper milk sample collection refer to:  
<http://www.cvmb.colostate.edu/ilm/proinfo/cdn/2001articles/CDNsept01insert.pdf>

\*\*CSU also offers a courier service to the Fort Collins area. If you are not in the Fort Collins area and are interested in a courier service other arrangements may be able to be made depending on sample volume, amount and location. If you are planning to use FedEx or a delivery service you may also want to contact us for information on how we may be able to reduce your shipping cost.

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# MILK BACTERIOLOGY SAMPLE SUBMISSION FORM

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Comments:

	ANIMAL NAME/NUMBER/ID	COLLECTION DATE	BREED	TEST REQUESTED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

If additional animals are being tested, please append this form with additional Multiple Animal Submission Forms, located at <https://vdl.cvmb.colostate.edu/PriceList/TestForms/vdl-sample-submission-general-multiple-animals.pdf>



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