QMPS General Submission Form



Central Laboratory 240 Farrier Rd. Ithaca, NY 14853 Phone: 607-255-8202 877-645-5522 Fax: 607-253-4000 Eastern Laboratory 111 Schenectady Ave. Cobleskill, NY 12043 Phone: 518-255-5681 877-645-5524 Fax: 518-255-5682 Western Laboratory 36 Center St.STE A Warsaw, NY 14569 Phone: 585-786-2555 877-645-5525 Northern Laboratory 34 Cornell Dr. Canton, NY 13617 Phone: 315-386-7240 877-645-5523 Fax: 315-379-3931

Condition(s)	per sampl	le type: Pa ge _	of
Frozen	Cold	Room Temp	Warm
Peceived	Rv:	Date:	

/animal-health-diagnostic-center/programs/quality-milk-production

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Samples submitted to QM	IPS ar	nd organisms isolated from th	em become the	property o	of QMPS.				
Owner				Veteri	narian				
Account No.				Accou	nt No.				
Address				Addre	ss				
City/State/Zip				City/S	State/Zip				
Please check the communication method preferred for reporting and provide the correct contact information.									
Phone				Phone	•				
Fax/US Mail (circle)				Fax/U	S Mail (circle)				
Email				Email					
DC305				Specie	s: □ Cow □ G	Goat	☐ Sheep ☐ Other		
Bill To:		Owner	ian □ 3 rd Pa	arty (LIM	1S#)				
Notes:									
Sample Type: CS = Composite, LH = Left Hind, LF = Left Front, RH = Right Hind, RF = Right Front. OTHER: BED = Bedding, C= Colostrum, I = Isolate, T = Towel, S = Swab, F = Filter, TD = Teat Dip, W = Water, B = Brush			Reasor CM = Clinical SUB = Sub-clini F = Fresh HTO = Hospital	cal	Test: A = Aerobic Culture, M = Mycoplasma, MP = Myco Pool SCC = Somatic cell count, AB = Antibiotic Susceptibility, BT = Bulk Tank Culture, Q = Quantification (bacteria counts)				

		*Sample Type												
No.	*Sample ID	LH	LF	RH	RF	CS	Other	*Sample Date	СМ	Sub	ason F	НТО	Test(s)	No.
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^{*}Sample ID, Type, and date must be accurate in order to receive results directly to DC305

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QMII S (Jeneral Subinission	rum		
Owner			Date:	Pageof
Account No.				

No. *Sample 1D LH LF RH RF CS Other *Sample Date CM Sub F HTO Test(s) No. 2				*Sample Type					Rea	ason					
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