

QMPS General Submission Form



www.ahdc.vet.cornell.edu/sects/QMPS

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
Fax: 585-786-2550

Northern Laboratory
34 Cornell Dr.
Canton, NY 13619
Phone: 315-379-3930
877-645-5523
Fax: 315-379-3931

Condition(s) per sample type: Page ____ of ____

Received By: _____ Date: _____

Samples submitted to QMPS and organisms isolated from them become the property of QMPS.

Owner		Veterinarian	
Account No.		Account No.	
Address		Address	
City/State/Zip		City/State/Zip	

Please check the communication method preferred for reporting and provide the correct contact information.

Phone		Phone	
Fax/US Mail (circle)		Fax/US Mail (circle)	
Email		Email	
DC305		Species: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____	
Bill To:	<input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> 3 rd Party (LIMS#) _____		

Notes:

<p>Sample Type: CS = Composite, LH = Left Hind, LF = Left Front, RH = Right Hind, RF = Right Front. OTHER: BD = Bedding, C = Colostrum, I = Isolate, T = Towel, S = Swab, F = Filter, TD = Teat Dip, W = Water, B = Brush</p>	<p>Reason: CM = Clinical SUB = Sub-clinical F = Fresh HTO = Hospital Take-out</p>	<p>Test: A = Aerobic Culture, M = Mycoplasma, MP = Myco Pool SCC = Somatic cell count, AB = Antibiotic Susceptibility, BT = Bulk Tank Culture, Q = Quantification (bacteria counts)</p>
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No.	*Sample ID	*Sample Type						*Sample Date	Reason				Test(s)	No.
		LH	LF	RH	RF	CS	Other		CM	Sub	F	HTO		
1														1
2														2
3														3
4														4
5														5
6														6
7														7
8														8
9														9
10														10
11														11
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29														29
30														30

*Sample ID, Type, and date must be accurate in order to receive results directly to DC305

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Date: _____ Page ___ of ___

Owner	
Account No.	

No.	*Sample ID	*Sample Type						*Sample Date	Reason				Test(s)	No.
		LH	LF	RH	RF	CS	Other		CM	Sub	F	HTO		
1														1
2														2
3														3
4														4
5														5
6														6
7														7
8														8
9														9
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