



Client: _____

609 Franklin Ave
Sunnyside, WA 98944

Date: _____

Tel: (509) 836-2020 Fax: (509) 836-2030

* Legend
NG = No Growth
+ = 1 Colony
++ = Few Colonies
+++ = Heavy Growth
++++ = Confluent Growth
(C) = Contaminated
(S) = Suspect

Milk Submission Form

Notes	Tube Number	Cow Number	Contagious				Environmental			Other	Mycoplasma	
			NG	(C)	Beta Staph	Strep ag.	Staph sp.	Strep non ag.	Coliforms		@ 3 Days	@ 7 Days
	1											
	2											
	3											
	4											
	5											
	6											
	7											
	8											
	9											
	10											
	11											
	12											
	13											
	14											
	15											
	16											
	17											
	18											
	19											
	20											
	21											
	22											
	23											
	24											
	25											
	26											
	27											
	28											
	29											
	30											
	31											
	32											
	33											
	34											
	35											
	36											
	37											
	38											
	39											
	40											

* (1) No Growth means no infection can be diagnosed by this sample
 (2) Severity cannot be determined by number of colonies
 (3) Contaminated means no diagnosis was possible from this sample