

Milk Sample Submittal Form

Alliance Analytical Laboratories
179 W Randall St
Coopersville MI 49404

For Lab Use Only
Date Received: _____
Time Received: _____
Temperature: _____
Initials: _____

CUSTOMER INFORMATION

Customer Name _____ License/Permit No. _____

Customer Address _____ Phone No. _____

Fax. No. _____

E-mail Address _____

Client Contact Person _____

Hauler/Sampler Name _____ Tanker ID _____

Bulk Tank Unit _____ Hauler/Sampler License No. _____

SAMPLE INFORMATION

Sample Type: _____ Goat Milk _____ Cow Milk _____ Sheep Milk _____ (Circle One)

Sample Collection Date _____ Sample Collection Time _____

Sample Collection Temp _____ Location of Sample Collection _____

Number of Samples in Group _____ FOR SHEEP MILK ONLY: Date Frozen _____

TESTING REQUESTED (check all needed)

_____ Residual antibiotics _____ Coliform bacteria
_____ Somatic cell count _____ Plate count (APC)
Other _____

REPORTING INFORMATION - Check One Below

- _____ Sample is an OFFICAL sample and to be reported to Michigan Department of Ag
- _____ Sample is for official PMO Appendix N Drug Residue Screening and MDARD if applicable - send report to customer
- _____ Sample is not official - for customers own use - report only to customer

Sample Requirements

1. A Temperature Control container must accompany samples, and must be the same size as the samples
if no TC is provided, one of the group of samples will be sacrificed to become the TC

For OFFICAL SAMPLES

2. Sample Bottles are to be No More than 3/4 full.
3. Samples/ Temperature Control must be between 0° - 4.5°C (32° - 40.1°F) at receiving laboratory
*Temperature of up to 7° C is allowed if it is received at the laboratory less than 3 hours from collection and has not risen from collection temp.
Freezing of samples is not acceptableSheep milk may be frozen up to 60 days for Appendix N Testing ONLY**
4. Samples must not leak.