



Analysis Request Form (Please submit with samples)

Send To: **Udder Health Systems of Idaho, P.C.**
4455 South Meridian Road
Meridian, ID 83642

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Fax : (208) 343-2046
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www.udderhealth.com

Sample(s) Submitted For:

Email Reports to:

Client#: _____

Service Provider: _____

Client Name: _____

Client Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Service Provider....send results to Client also? Yes No
Preferred method(s) of receiving results? Mail Email

On-Farm Services Also Available:
CMT Survey
Environmental Sanitation Evaluation
Equipment Evaluation
Milker Training
Parlor Optimization Study
Sample Collection
Udder Exams

Put sample information on vial: Cow#, Sample Date, and Time! Check desired test(s).

COW MILK ANALYSIS		OK to Freeze?
<input type="checkbox"/> 103	Standard Milk Culture	Y
<input type="checkbox"/> 103M	Standard + Myco Culture	Y
<input type="checkbox"/> 103MP	Standard + Myco + Proto Culture	Y
<input type="checkbox"/> 125	Myco Selective Culture	Y
<input type="checkbox"/> 125P	Myco Culture + PCR- w/Pooling ^	Y
<input type="checkbox"/> 125CPCR	Myco Culture + PCR- No Pooling	Y
<input type="checkbox"/> 160	Prototheca Selective Culture	Y
<input type="checkbox"/> 160M	Proto + Myco Selective Culture	Y
<input type="checkbox"/> MP2	P/A: Staph aureus, Strep ag	Y
<input type="checkbox"/> MP3	P/A: Staph aureus, Strep ag + Myco	Y
<input type="checkbox"/> MP2G	Staph aureus, Strep ag (MCM)	Y
<input type="checkbox"/> MP3G	Staph/Strep + Myco Agar (MCM)	Y
<input type="checkbox"/> MP3PCR	MP3 + Myco PCR- w/Pooling ^	Y
<input type="checkbox"/> MP2P	P/A: Staph aureus, Strep ag + Proto	Y
<input type="checkbox"/> MP4	Staph aureus/Strep ag + Myco + Proto	Y
<input type="checkbox"/> BVDCOW	BVD Cow Milk PCR	Y

Write in Test Request: _____

Put sample info on sample: ID/Source, Sample Date, and Time! Check desired test(s).

OTHER ANALYSIS		Sample Type	OK to Freeze?
<input type="checkbox"/> 104	Bedding Analysis	Environmental	N
<input type="checkbox"/> 122	Towel Analysis	Environmental	N
<input type="checkbox"/> 213	Bacteria Isolation (For Dairy Cli	Environmental	N
<input type="checkbox"/> 161	Prototheca Filter Culture	Environmental	N
<input type="checkbox"/> 200	Water Analysis: TC & EC, P/A	Water	N
<input type="checkbox"/> 201	Dairy Water Quality Test	Water	N
<input type="checkbox"/> 202	Dairy Pathogen Water Analysis	Water	N
<input type="checkbox"/> MALDI	MALDI-TOF Identification	Isolate	N
<input type="checkbox"/> 125M7	Mycoplasma Speciation- PCR	Isolate	N

Write in Test Request: _____

Put sample info on vial: Tank/Pen#, Sample Date, and Time! Check desired test(s).

BULK/STRING MILK ANALYSIS		OK to Freeze?
<input type="checkbox"/> 105PCRG	Bulk Tank Culture (MCM) + Myco PCR	Y
<input type="checkbox"/> 105PE	String Culture Prototheca Enhanced	Y
<input type="checkbox"/> 125BTPCR	Myco PCR w/Speciation (Bulk/String)	Y
<input type="checkbox"/> BTCOMP	BT Components (BF,Lac,Pro,Sol,etc) ~	N
<input type="checkbox"/> BTMUN	Milk Urea Nitrogen (BT) ~	N
<input type="checkbox"/> BTSCC	Bulk Tank Somatic Cell Count ~	N
<input type="checkbox"/> 105PI	BT Culture + PIC (+SPC)	N
<input type="checkbox"/> LPC	Lab Pasteurization Count (LPC + SPC)	N
<input type="checkbox"/> LPCPIC	LPC + PIC (+SPC)	N
<input type="checkbox"/> LPPITC	LPC + PIC + TC (+SPC)	N
<input type="checkbox"/> PIC	Pre-Incubation Count (PIC + SPC)	N
<input type="checkbox"/> SPC	Standard Plate Count (SPC)	N
<input type="checkbox"/> SPCTC	SPC + Total Coliform	N
<input type="checkbox"/> TC	Total Coliform Count	N
<input type="checkbox"/> BVDBT	BVD Bulk Tank PCR	Y

Write in Test Request: _____

Please write sample information (Cow#s, Sample Location, Date Taken, etc.) on the sample or back of this ARF or results may not be readable!

^ = Test may include additional charges for individual PCR testing
~ = Test may include additional shipping fees for outlab shipping