



Analysis Request Form (Please submit with samples)

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

Phone : (208) 922-9505
Fax : (208) 343-2046
idaho@udderhealth.com
www.udderhealth.com

Sample(s) Submitted For: _____

Email Reports to: _____

Client#: _____

Client Name: _____

Client Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Homestead Tests

Put sample information on vials: Cow/Goat Name/Number and Sample Date! Check/write-in desired test(s)

FINISHED PRODUCT MILK ANALYSIS

OK to Freeze? COMMENTS/SAMPLE INFO:

- Somatic Cell Count* + Components (HSBTCOMP) Y _____
- Standard Plate + Total Coliform Count (HSSPCTC) Y _____
- Bacterial Isolation (HS213) Y _____
- Write in Test Request: _____
- Write in Test Request: _____

INDIVIDUAL MILK ANALYSIS

OK to Freeze? COMMENTS/SAMPLE INFO:

- Cow/Goat Milk Culture (HS103M) Y _____
- Bovine Viral Diarrhea* (HSBVDCOW) Y _____
- Write in Test Request: _____
- Write in Test Request: _____

OTHER ANALYSIS

Sample Type OK to Freeze? COMMENTS/SAMPLE INFO:

- Water Quality Test (202) Water Y _____
- Antibiotic Residue* (135) Milk Y _____
- Write in Test Request: _____
- Write in Test Request: _____

* = Test may include additional shipping fees for outlab shipping

= Required testing in Montana; MT homesteaders select these tests