



Analysis Request Form (Please submit with samples)

Send To: **Udder Health Systems of Idaho, P.C.**
366 SW 5th Ave
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

INDIVIDUAL MILK ANALYSIS

OK to Freeze?

COMMENTS/SAMPLE INFO:

Cow/Goat Milk Culture (HS103M)

Y

* = Test may include additional shipping fees for outlab shipping

= Required testing in Montana; MT homesteaders select these tests

Payment is expected at time of service.

rpt.ARF_Homestead, 2025-06-20 KML