

FOR OFFICE USE

CRM Ref:

Date Ordered:

Kits Ordered:

MICRO & PCR APPLICATION FOR ANALYSIS FORM



Please carefully complete ALL sections before submitting samples to the lab for testing along with this paperwork. Retain a copy for your records. If you have any queries please contact National Milk Laboratories on 01902 749920. Quote the Lab Batch Number in any communications.

Details	Customer/ Producer			Third Party/ Vet		
Name						
Address						
City						
Postcode						
Telephone Number						
Fax Number						
Email Address						
Reporting Method (please tick as appropriate)	Post	Fax	Email	Post	Fax	Email

NMR Herd Number*		Batch Number	<<Numbering>>
Milk Buyer*			
Milk Buyer Producer ID*			

Sample ID* (e.g. Bulk Milk Tank or Cow)	Sample Date*	Test Request (See key at bottom of page. Please tick as appropriate)					Sample Condition (Lab Use)	Label Number (Lab Use)	Test Date (Lab Use)	Test Location (W/H) (Lab Use)
		BB	MID	PHS	BVDv	Other				

Customer Signature*		Print Name*		Date*	
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BB (BactoBreakdown)
 MID (Mastitis ID)
 PHS (Parlour Hygiene Suite)
 BVDv (Bovine Viral Diarrhoea PCR)

* Mandatory Fields