OMNIQU LABORATORIES
TESTING BEYOND THE VISIBLE

MILK SAMPLE TEST REQUEST FORM

LABORATORY CONTACT DETAILS		
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Client Name:
Contact Name:
Contact Number:
Contact Email:
Nominated Vet.:
Vet. Number:
Vet. Email:
Date Sampled:
Date Submitted:
Client Order Number.:
Signature:

LABORATORY USE ONLY				
OQ ORDER No.				
Date Received:				
Time Received:				
Delivery Mode:	**Customer**		**Courier**	
Laboratory Collection:	**Date**		**Time**	
Temperature (°C):				
Condition:				

Sample / Bottle Number	**Sample Type / Description**		**Tests Required (please mark with an X)**														
			UDDER HEALTH / CLINICAL			**BULK TANK / MILK HYGIENE**							**MRT***		**STORAGE** [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]	**PRESERVED:** YES / NO
			Somatic Cell Count	**ID of Mastitis-causing Bacteria**	**AST** (please indicate if required per individual or on herd level)	**Somatic Cell Count**	**Compositional Analysis** (fat, protein, lactose, solids, pH, FPD, urea, MUN)	**Total Bacterial Count (Standard Plate Count)**	***E. coli* and Coliforms Enumeration**	***S. aureus* Enumeration**	**Alkaline Phosphatase Test**	**Inhibitory Substances in Milk**	**Milk Ring Test**	**Number of Cows in Milk**		
	Cow / Tank ID	**Quarter / Notes**	**DU.SCC**	**DU.MID**	**DV.AST**	**DU.SCC**	**DD.CAN**	**DD.TVC**	**DD.ECC**	**DD.SAE**	**DD.APT**	**DD.INS**	**DV.MRT**		**R/C/F**	**Y/N**