



Bedding Bacteriology Submission Form



Farm Details	Vet Details
Surname:	Vet:
Farm:	Practice:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Fax:	Fax:
email:	email:

Instructions

Follow the instructions provided with the sampling kit to ensure you collect a representative sample. It is important that samples remain cool in transit (using the kit provided). Please contact QMMS in advance of sampling to arrange courier collection.

Other Details (If necessary, continue overleaf)

*Delete as appropriate	Sample Details	Please give as many details as possible as this aids interpretation
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	Sample ID:	Sample ID:	Sample ID:
Date and Time Collected			
Bedding Type eg Sand/Straw/RMS			
Bedding Condition	Fresh or Used*	Fresh or Used*	Fresh or Used*
Package/Test			
Basic Bacterial Analysis <small>Total Count and Direct Plating</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBC and Coliform Analysis <small>Total, E. coli, Coliform Counts and Direct Plating</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Bacterial Analysis <small>Total, E. coli, Coliform, Streptococcus spp. and Staphylococcus spp. Counts and Direct Plating</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry Matter %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: Date:	LAB USE ONLY Submission Number: Date of Receipt: Date Reported: Initials:
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