



Raw Milk Submission Form



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

Instructions

Following thorough agitation, please collect a sample into the container provided, ensuring that the sample does not become contaminated. It is important that samples remain cool during transit (using the kit provided). Always post samples 1st class or use a courier (please do not post on a Friday or Saturday).

Clinical History			
Herd Size			Average Yield
	This Month	Last Month	Two months ago
Bulk Milk Somatic Cell Count			
Bactoscan			

Other Details	(If necessary Continue overleaf)

Sample Details						Please give as many details as possible as this aids interpretation
Sample Number	Sample ID	Date	Time	Statutory Counts for Raw Milk <small>Total Bacterial Count, Coliform Count and Somatic Cell Count</small>	Listeria monocytogenes Present or Absent in 25ml	'Best Practice' Full Pathogen Screen <small>SCC, TBC, Coliform Count, Listeria monocytogenes, Salmonella, Campylobacter, E. coli 0157, S. aureus.</small>
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<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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Product Shelf-Life testing is available on request. Please contact the lab to discuss testing and to request a Shelf-Life kit.