

Mastitis Milk Quality Form

**Animal Diagnostic Laboratory
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PennState
College of
Agricultural Sciences

<http://adl.psu.edu> adlhelp@psu.edu

Accession No. _____
Data Entry _____
Case Coordinator _____
Date Submitted _____

FOR LABORATORY USE ONLY

Owner: _____

Farm/Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Vet/Field Agent: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Bill to: **Account number:** _____

Owner Vet Practice Submitter Other:

Invoice by: Fax US Mail Email: _____

Animal Information:

Species: _____

Breed: _____

Premise ID: _____

Dairy One?

No

Yes: Center name: _____

 Herd code: _____

Submitter: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Other: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Specimens Submitted:

Collection Date: _____

(indicate number submitted)

Milk - quarter _____

Milk - composite _____

Bulk tank _____

Referral plate _____

Colostrum _____

Other: _____

PLEASE WRITE ANIMAL ID CLEARLY ON MILK COLLECTION TUBES

Accession number: _____

Please fill out this form as completely as possible. Including detailed information about history and treatments will help to expedite testing.

History/Treatments:

Individual Sample:

- Dry Cow
- Fresh Cow
- Mid Lactation Cow
- Teat End Injury

Date of last lactation treatment: _____

Lactation treatment name: _____

Herd Survey:

Pre-dip type/name: _____

Post-dip type/name: _____

Dry treatment type/name: _____

Herd Size: _____

Bulk Tank SCC: _____

Test Requested:

- Routine Aerobic QTR
- Routine Aerobic COM
- Routine Aerobic Bulk Tank (with Mycoplasma)
- Routine Aerobic Bulk Tank (without Mycoplasma)
- Mycoplasma Culture
- Mycoplasma PCR
- Antibiotic Sensitivity
- Other: _____

Additional Information or Sample Identification:

PADLS reserves the right to perform tests for any of the diseases regulated or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgement that some tests may be performed at other laboratories.