

DAIRY PRODUCT REQUISITION

NSDA Animal & Plant Laboratory – Harlow Building

Name:	
Address:	Postal Code:
Telephone:	Fax:
Email:	
Report Copied to (name and email):	

COMPLETE ONLY THE SECTIONS OF THIS FORM THAT RELATE TO THE SAMPLE TYPES BEING SUBMITTED

NOTE: Fluid milk and processed byproduct samples must be received between 0.0 – 4.4°C

FOOD SAFETY – RAW MILK OFFICIAL TESTING	Date Received:	
	Order ID:	
Milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____		
Sample ID	Test(s) Requested (✓ all required)	Date Collected
-001	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional (Referred out)	
-002	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional (Referred out)	
-003	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional (Referred out)	
-004	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional (Referred out)	
-005	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional (Referred out)	

RAW MILK RETEST <i>(NSDA Dairy Inspector)</i>	Date Received:	
	Order ID:	
Sample ID	Test(s) Requested (✓ all required)	Date Collected
-001	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point	
-002	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point	
-003	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point	
-004	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point	
-005	<input type="checkbox"/> IBC <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point	

PROCESSED MILK	Date Received:	
	Order ID:	
Milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____		
Sample ID	Test(s) Requested (✓ all required)	Date Processed
-001	<input type="checkbox"/> SPC <input type="checkbox"/> SPC (7-day) <input type="checkbox"/> SPC (14-day) <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat*	
-002	<input type="checkbox"/> SPC <input type="checkbox"/> SPC (7-day) <input type="checkbox"/> SPC (14-day) <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat*	
-003	<input type="checkbox"/> SPC <input type="checkbox"/> SPC (7-day) <input type="checkbox"/> SPC (14-day) <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat*	
-004	<input type="checkbox"/> SPC <input type="checkbox"/> SPC (7-day) <input type="checkbox"/> SPC (14-day) <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat*	
-005	<input type="checkbox"/> SPC <input type="checkbox"/> SPC (7-day) <input type="checkbox"/> SPC (14-day) <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat*	

**NOTE: Fat testing performed at outside accredited laboratory
Other testing available upon request: pH*

PROCESSED BYPRODUCTS		Date Received:
		Order ID:
Finished Product: <input type="checkbox"/> Ice cream <input type="checkbox"/> Yogurt <input type="checkbox"/> Kefir <input type="checkbox"/> Other _____		
Milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____		
Sample ID	Test(s) Requested (✓ all required)	Date Processed
-001	<input type="checkbox"/> SPC (ice cream only) <input type="checkbox"/> Coliform/E.coli	
-002	<input type="checkbox"/> SPC (ice cream only) <input type="checkbox"/> Coliform/E.coli	
-003	<input type="checkbox"/> SPC (ice cream only) <input type="checkbox"/> Coliform/E.coli	
-004	<input type="checkbox"/> SPC (ice cream only) <input type="checkbox"/> Coliform/E.coli	
-005	<input type="checkbox"/> SPC (ice cream only) <input type="checkbox"/> Coliform/E.coli	

Other testing available upon request: pH

MILK POWDER		Date Received:
		Order ID:
Powder Type: <input type="checkbox"/> Skim <input type="checkbox"/> Whey <input type="checkbox"/> Buttermilk <input type="checkbox"/> Other _____		
Sample ID	Test(s) Requested (✓ all required)	Date Collected
-001	<input type="checkbox"/> SPC <input type="checkbox"/> Coliform/E.coli	
-002	<input type="checkbox"/> SPC <input type="checkbox"/> Coliform/E.coli	
-003	<input type="checkbox"/> SPC <input type="checkbox"/> Coliform/E.coli	
-004	<input type="checkbox"/> SPC <input type="checkbox"/> Coliform/E.coli	
-005	<input type="checkbox"/> SPC <input type="checkbox"/> Coliform/E.coli	

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