

Mastitis Culture Submission Form Animal Health Laboratory NS Department of Agriculture P.O. Box 890, Truro, NS B2N 5G6 Hancock Building 65 River Rd. Bible Hill, NS PH. (902) 893-6540 / Fax (902) 895-6684		AHL LABORATORY ID	Case Coordinator
		DATE RECEIVED/initial	
		Date Sampled	
		Date Submitted	
		Sample Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Inspector <input type="checkbox"/> Other _____	
Send Report to: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> Inspector <input type="checkbox"/> Other _____			
How you would like to receive your report (check one) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			
Owner Information		Veterinarian	
Name/Farm Name			
Address			
Email			
Fax			
Species <input type="checkbox"/> Bovine <input type="checkbox"/> Ovine <input type="checkbox"/> Caprine		History/Treatment and Special Requests	

Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	
Quarter	RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>	
	RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>	
	LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>	
	LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>	

Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	
Quarter	RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>	
	RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>	
	LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>	
	LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>	

Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	Animal ID:	Vial #	
Quarter	RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>		RF <input type="checkbox"/>	
	RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>		RH <input type="checkbox"/>	
	LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>		LF <input type="checkbox"/>	
	LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>		LH <input type="checkbox"/>	

Laboratory Use Only:		
Specimen Type	# Specimens received admin	# Specimens received laboratory
Milk		

LSAD101F6.4

Results derived from testing may be used for statistical surveillance of animal health in Nova Scotia. Laboratory Services complies with the Federal Health of Animals Act. Laboratory Services will make all reasonable efforts to keep personal information confidential and not disclose personal identifiers.