

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
IDEAL SAMPLE TEMPERATURE: 0.0 – 4.4°C

FOOD SAFETY – RAW MILK MONTHLY TESTING					
Milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat					
Sample ID	Test(s) Requested (✓ all required)	Date Collected	Temp (°C)		
-001	<input type="checkbox"/> IBC** <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional**				
-002	<input type="checkbox"/> IBC** <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional**				
-003	<input type="checkbox"/> IBC** <input type="checkbox"/> Lab Pasteurization <input type="checkbox"/> Freezing Point <input type="checkbox"/> Compositional**				

** Testing performed at outside accredited laboratory

PROCESSED MILK					
Milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat					
Sample ID	Test(s) Requested (✓ all required)	Prod. Date	BB Date	Temp (°C)	
-001	<input type="checkbox"/> SPC (Initial, 7 & 14 Day)* <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat**				
-002	<input type="checkbox"/> SPC (Initial, 7 & 14 Day)* <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat**				
-003	<input type="checkbox"/> SPC (Initial, 7 & 14 Day)* <input type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Added Water <input type="checkbox"/> Fat**				

* 7 and 14 Day Standard Plate Count only completed if within specified best before date

** Testing performed at outside accredited laboratory

PROCESSED BYPRODUCTS					
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					
Sample ID	Test(s) Requested (✓ all required)	Prod. Date	BB Date	Temp (°C)	
-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				

LAB USE ONLY:

Date Received:	Order ID:
Received by (initial):	