NOVA SCOTIA DEPARTMENT OF AGRICULTURE	Form # LSAD101F7.10		
LABORATORY SERVICES	Page 1 of 1		
TITLE: Milk Antibiotic Residue Testing			



Animal Health Laboratory Services

Hancock Building – 65 River Rd, Truro, Nova Scotia, B2N 2P3

MILK ANTIBIOTIC RESIDUE TESTING

Client/Produc	er Info	rmation			LAB USE ONLY		
Name					AHL Laboratory	/ ID	
Address					Charm Trio (Co	w) 🗆	
Phone/Fax					Test Strip lot#:		
Email			-1		Analyst:		
Report to	□Clie	nt 🗆 Other:		_	Calibration and	Set up	
Species Inforr	nation:	☐ Cow☐ Goat/Shee	ep		Low Calibrator re	eading (-4	
Collection Tin	ne and I	Date:			High Calibrator re	eading (1	
No. #1	Sample	#/ID			Incubator Temperature (5 Thermometer SN: Expiry:		
#2					Pipette Verification (0.300 Pipette used □ 023225 Balance ID:		
#4					Controls		
#5					Batch ID:	Neg	
#6						Posi	
·					Sample#/ID	Resu	
Lab Use Only:							
VADDS Entry b	y:						
Received in Lak	by:						
				-			

			Case	<u> </u>
AHL Laboratory ID				rdinator
Charm Trio (Cov	SL(BL) Goat/Sheep □			
Test Strip lot#:		T		
Analyst:	Date tested:			
Calibration and	Set up Infor	mation		
Low Calibrator reading (-42 to -28)				
High Calibrator re	eading (152 to	226)		
Incubator Temperature (56 ± 1 °C) Thermometer SN: Expiry:			°C	
Pipette Verification Pipette used Balance ID:		•		g
Controls			Results	
Batch ID:	Negative	< -600		
	Positive :	> +400		
Sample#/ID	Results			Drug Identified
Client notification	on			

Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of the information.

Date/Initials