NOVA SCOTIA Agriculture

# DAIRY SAFETY TESTING REFERRAL SUBMISSION FORM

**Animal Health Laboratory**
Hancock Veterinary Building – 65 Sipu Awti, Bible Hill, NS, B2N 2P3
(902) 893-6540 / animalhealthlab@novascotia.ca
www.novascotia.ca/agriculture-labs

**Accession Number:**

(LAB USE ONLY)

***Submitter Information**

☐ Owner _____ Address _____ Email _____

Producer/Plant Name _____ Phone No. _____

☐ Food Safety Inspector_____ ☐ Other (Name/Email) _____

**Billing To:** ☐ Owner ☐ Dept. of Agriculture ☐ Other

**Report To:** ☐ Owner **x Food Safety Program Officer** ☐ Other _____

**Min. Amt:** Solid Specimens: 100g Fluid Specimens: 100mL

**Ideal specimen temperature:**
Non-perishable- Room Temperature
Refrigerated Specimens- 2 to 8°C
Frozen Specimens- -18- -20 °C

**Date Submitted:** **Date Sampled:** **Lab Use Only**

## CHEESE & BUTTER

| Specimen Type | Product Code/ Production Date | Specimen Identification **One specimen per box** | Test(s) Requested | | No. Sent | No. Recd | Temp on Arrival |
|---|---|---|---|---|---|---|---|
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |
| | | | E. coli<br>S.aureus | ☐<br>☐ | | | |

**Date Received:** **Received By:** **Case Coordinator:**

**Note1:** **The laboratory does not prepare composite or pooled specimens for testing. Each individual specimen or package submitted is tested and reported as an individual test result.**

**Note2: All food safety testing is conducted at an external ISO/IEC 17025-accredited laboratory. Results reflect the testing performed by this accredited third-party facility.**

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.

*** = Required Information**

## ICE CREAM, YOGURT & KEFIR

| Specimen Type | Product Code/ Production Date | Specimen Identification *One specimen per box* | Test(s) Requested | | No. Sent | No. Recd | Temp on Arrival |
|---|---|---|---|---|---|---|---|
| | | | Coliforms | □ | | | |
| | | | Coliforms | □ | | | |
| | | | Coliforms | □ | | | |
| | | | Coliforms | □ | | | |
| | | | Coliforms | □ | | | |
| | | | Coliforms | □ | | | |

## FLUID MILK & MILK PRODUCT SPECIMENS ONLY

| Specimen Type | Product Code/ Production Date | Specimen Identification *One specimen per box* | Test(s) Requested | | No. Sent | No. Recd | Temp on Arrival |
|---|---|---|---|---|---|---|---|
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |
| | | | E. coli<br>S.aureus<br>SPC (initial, 7 & 14) | □<br>□<br>□ | | | |

** If more room required for specimens, please attach an excel spreadsheet with specimen IDs **

| Date Received: | Received By: | Case Coordinator: |
|---|---|---|

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