Lander Veterinary Clinic
4512 S. Walnut Rd.
Turlock, CA 95380
209-634-0826
dairydiagnostics@gmail.com

Sample Submission Form

Dairy / Client Name: _____
Submitter's Name: _____
Billing address: _____
Physical address of herd (if different): _____
Phone number: _____
E-mail for results: _____
Additional email copy to: _____

Test(s) Requested

Individual animal analysis

☐ Standard aerobic milk culture
☐ Mycoplasma culture
☐ Mycoplasma PCR
☐ Contagious bacteria PCR screen only
☐ Somatic Cell Count
☐ SPC (Standard Plate Count)
☐ EC (E. coli / Coliform Count)
☐ LPC (Lab Pasteurization Count)
☐ Serum Total Protein & RID - IgG
☐ Antibiotic Testing
☐ Trich In-pouch culture
☐ Prototheca culture

Bulk tank / Pen milk analysis

☐ Standard culture + Contagious bacteria PCR
☐ Bulk Tank Somatic Cell Count
☐ SPC (Standard Plate Count)
☐ EC (E. coli / Coliform Count)
☐ LPC (Lab Pasteurization Count)
☐ BVD Bulk Tank PCR
☐ Antibiotic Testing
☐ Prototheca culture

Write in request: _____

Other analysis

☐ Blood-based pregnancy testing
☐ Towel culture
☐ Bedding culture analysis
☐ McMaster Fecal Exam

Send out to reference lab (circle test)

☐ Brucellosis, Johnes, CL, CAE, Q-fever, Necropsy
☐ IDEXX CBC & Chem Panel
☐ Diarrhea panel

Please specify (if applicable):

Specimen type:
Animal Species:
Age:
Sex:
Breed:
Quantity:
Disposition of Sample:

Submission date:

Signature of Submitter: _____ Date: _____
Signature of Veterinarian: _____ Date: _____

Client Authorization Statement

By submitting this form and samples, the client authorizes Dairy Diagnostics to perform the requested laboratory testing using validated laboratory methods. Results will be reported as measured or observed values unless otherwise specified.

Results are reported as measured values or observations. No statement of conformity to a specification or regulatory limit is made unless specifically requested.