

Laboratory for Udder Health Form

Contact Information - Owner/Producer

Owner Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Attending Veterinarian

Veterinarian _____
 Clinic _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Animal Info

Site/Farm _____
 Country _____ Regulatory Premises ID _____
 State _____ Zip _____ County _____

Species: Bovine Caprine Other _____

Billing Information

Bill: Vet/Clinic Other
 PO (must be listed): _____

Online Results Access

Results will ONLY be reported online;
 Automated emails will be sent to indicate when results are available

I have an online results account, and can access my results.
 I do not have an online account. Please contact to set up:
 Veterinarian/Clinic
 Owner/Producer

For office
use only

For Lab Use Only
 Specimen Temperature on arrival

Affiliate: _____

Tests Available

(Label samples clearly)

	Quantity
<input type="checkbox"/> Bulk Tank Culture (includes Mycoplasma & Prototheca) _____	
<input type="checkbox"/> Check if Mycoplasma is NOT required <input type="checkbox"/> Check if Prototheca is NOT required	
<input type="checkbox"/> Pool all samples (default)	
<input type="checkbox"/> Pool by tank/date/other _____	
<input type="checkbox"/> Test Individually	
<input type="checkbox"/> Environmental Monitoring Bulk Tank _____	
<input type="checkbox"/> Standard/Total Plate Count (SPC) _____	
<input type="checkbox"/> Lab Pasteurization Count (LPC) _____	
<input type="checkbox"/> Pre-Incubation (PI) Count _____	

Full Mastitis Culture (Quarter samples recommended) _____
 (Request Mycoplasma under Targeted Screening Tests below if applicable)

Targeted Screening Tests (Check all that apply)

(Quarter, Composite, Bulk Milk or Environmental samples)

Staph aureus Culture _____

Strep agalactiae Culture _____

Prototheca Culture _____

Mycoplasma Culture

Individual _____

Pool _____

Bulk Tank _____

Pen _____

Speciation if positive

*The following do not include Prototheca unless specifically requested

Bedding Culture _____

Towel Culture _____

Water (Coliform/Gram negative bacteria) _____

Confirmatory testing

Bacteria Isolate Identification (from a plate) _____

Additional requests: _____

Discounted Panels:

SPC + Coliform (Colostrum / Waste Milk)

Troubleshooting Panel 1: Bulk Tank Culture + SPC + LPC + PI

Troubleshooting Panel 2: SPC + Coli + LPC + PI

Visit our website to review sample collection, handling and shipping information prior to sending samples. Samples must be frozen or cold on arrival. Avoid shipping for weekend or holiday delivery. Please see <https://www.vdl.umn.edu/submission-guidelines/packing-shipping> for shipping options and instructions.