Dairy Lab Services
Special Tests
Submission Form

Date: __________________

Herdcode/Account #___________________  Name:______________________________

Total # of samples to be tested_____________

How would you like to receive your results?
☐ US Mail       ☐ Email to:______________________________  ☐ Fax to:______________________________

Special Tests Requested:
☐ BVD (outsourced)...............$6.00/Sample + Shipping
☐ Leukosis (outsourced)...........$6.00/Sample + Shipping
☐ Johnes.................................$6.00/Sample
☐ MPT (Milk Pregnancy Test).....$4.50/Sample
☐ PCR (DNA Mastitis Test)
   ☐ Complete 16....................$32.00/Sample
   ☐ Major 3........................$20.00/Sample

_____ Rack List or Barnsheet included (circle sample numbers to be tested or write the numbers on the back of this form)

_____ Special Request: Test the top _______ samples with over ___________ cell count.  
                      (Example: test the top 10 cows over a million cell count)

Additional Information:
___________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________

Disclaimer of Warranties, Liabilities and Accuracy of Data - Neither Dairy Lab Services nor any of its employees shall be responsible or held liable for any improper or incorrect use of the information presented in analytical reports. Although the data presented in the reports is accurate and reliable to the best of our knowledge and belief, it is not guaranteed to be so. It is the user’s responsibility to determine for himself or herself the suitability and usefulness of information reported. Warranty is limited to the accuracy of analyses of samples as received. No warranty, expressed or implied, is made regarding the accuracy, adequacy, completeness, reliability or usefulness of any information. Liability shall be limited to the fees paid by the client for the services.

___________________________________________________  __________________________________________
Herd Representative Signature                           Date