Dairy One

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Sample Submittal Form

Copy of this form must accompany samples

Name: _____ Sample Date: _____

Address: _____ E-mail: _____

Herd Code: _____ Phone #: _____

Please check the boxes to indicate which analyses are needed.

- ☐ Butterfat
- ☐ Lactose
- ☐ Total Solids
- ☐ FPD
- ☐ Milk Urea Nitrogen
- ☐ SCC
- ☐ True Protein
- ☐ Other: _____

Sample Number	Comments	Sample Number	Comments	Sample Number	Comments

Please make sure that samples are in the same order in the raft as they are listed on the form. Start the first sample in the lower left-hand corner of the raft. These rows contain ten slots. Work from left to right and bottom to top to sequence samples properly.

LAB USE ONLY Date: _____