



PEI Department of Agriculture
& Fisheries
PEI Analytical Laboratories
23 Innovation Way
Charlottetown, PE C1E 0B7

Request for Dairy Analysis

| A) Sample Information | |
|---|---|
| <input type="radio"/> Cow Sample | <input type="radio"/> Tank Sample <input type="radio"/> Processed Product <input type="radio"/> Other |
| <input type="radio"/> Voluntary (complete all sections) Request made by: <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> In Person <input type="radio"/> Other <input type="radio"/> Valacta (complete all sections) sample ID's not required if barcodes provided <input type="radio"/> Inspector (complete all sections) Name: _____ Lab Tech required to receive samples <input type="radio"/> Plant Quarterly Testing (complete section A) Lab Tech required to receive samples | |
| Sample Date: dd/mm/yy | Collection Time: _____ <input type="radio"/> a.m. <input type="radio"/> p.m. |

| B) Requested Analysis | | |
|--|--------------|-------------|
| Test | # of Samples | Sample ID's |
| <input type="radio"/> Voluntary Antibiotic (SLBL, SL3, Tetra, Sulfa) | | |
| <input type="radio"/> IBC | | |
| <input type="radio"/> Coliform Count (CC) | | |
| <input type="radio"/> Standard Plate Count (SPC) | | |
| <input type="radio"/> Preliminary Incubation Count (PIC) | | |
| <input type="radio"/> Lab Pasteurization Count) LPC | | |
| <input type="radio"/> E. coli | | |
| <input type="radio"/> Staphylococcus aureus | | |
| <input type="radio"/> Butterfat/ Protein/Lactose <input type="radio"/> Somatic Cell Count (SCC) | | |
| <input type="radio"/> MUN | | |
| <input type="radio"/> Added Water | | |

| C) Client | | |
|------------------|----------------|--------|
| Producer Number: | Producer Name: | |
| Address: | | |
| Phone: | Fax: | Email: |

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

PEI Analytical Labs reserves the right to refuse samples which are not submitted in containers supplied by the lab; damaged containers or samples containing foreign material.

| Lab Use Only | | | | |
|--|--|----------------|---------|-------|
| Payment Received: <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Debit <input type="radio"/> Credit | Amount: | | |
| Date Rec: | Time Rec: | Temp: | S or N: | Tech: |
| Results Reported: <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Email <input type="radio"/> Mail | | Date Reported: | | Tech: |

Visit our homepage at: <http://www.gov.pe.ca/agriculture/labservices>

