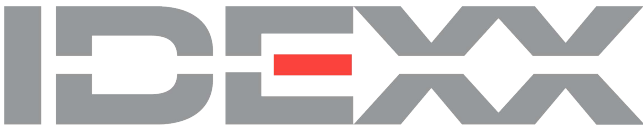


HERD BULK MILK TESTING



Palmerston North Laboratory
 IVABS building
 Massey University
 Tennent Drive
 Palmerston North 4440
 0800 838 522
 www.idexx.co.nz

OWNER:

FARM NAME:

ADDRESS:

SUPPLY No*:

*Supply number is required for MPI surveillance

IDEXX has my permission to test for this bulk milk sample and provide the results to the named Vet.

SUPPLIERS SIGNATURE: _____

VET:

PRACTICE:

PH:

FAX:

I have received permission from the above supplier for this bulk milk sample to be tested at IDEXX.

VET TO SIGN: _____

INVESTIGATION MADE BY DAIRY COMPANY (on bulk milk)

DAIRY COMPANY

FONTERRA WESTLAND TATUA

SYNLAIT GUARDIAN MIRAKA

OPEN COUNTRY DAIRY

SUPPLY NUMBER : _____

SAMPLE COLLECTION MONTH/

JANUARY FEBRUARY MARCH
 APRIL SEPTEMBER OCTOBER
 NOVEMBER DECEMBER

BVD PCR

BVD AB ELISA

LIVER FLUKE

BVD PCR AND LIVER FLUKE

OSTERTAGIA (BSURE)

INVESTIGATION MADE BY DAIRY COMPANY (on individual milk samples)

FROM HERD TEST

LIC <input type="checkbox"/>	AMBREED <input type="checkbox"/>	OWNER COLLECTED <input type="checkbox"/>
Herd Code _____	Herd Code _____	(Samples included)
Participant Code _____	Participant Code _____	<input type="text"/>

Next Herd Test Date: ____ / ____ / ____

Milks from age groups: 2 3 4 older
 (6 per group)

Animal ID if required: