

NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

1. State: _____ 2. Grade A: _____ 3. Sampled By: _____
4. Source of Samples: _____ (BMP – Bulk Milk Pickup; PS – Producer Samples; PFM – Pasteurized Fluid Milk)
5. Reporting Period: (Month/Year): _____
6. Total Samples Analyzed: _____
7. Number of Positive Loads or Lots: _____
8. Pounds of Positive Milk _____ (000)
9. Disposition in Compliance with PMO/State Regulations: _____
10. Contact Person and Organization: _____
11. Telephone Number: _____
12. Remarks: _____

Test Codes

86 Charm SL

93 Charm SL3

89 SL Tetracycline

94 SL Sulfonamides

28 Delvo

48 Delvo 5 Pack

S3 Snap

TESTS		
Test Code	Number of Tests	Number Positive
TOTALS		