

GENERAL SERVICE SAMPLE SUBMISSION FORM

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SUBMITTING AGENCY/CUSTOMER INFORMATION		BILLING INFORMATION		For UDAF Lab use only:			
Submitting Agency/Customer Name		Billing Name		<input type="checkbox"/> Hand Delivered OR <input type="checkbox"/> Shipped via Carrier: _____ Received Time/Date: _____ Received Temp (if required): _____ Received By: _____ Comments: _____			
Reporting/Contact Information		Billing/Contact Information					
Attn: _____		Attn: _____					
Address: _____		Address: _____					
E-mail: _____		E-mail: _____					
Phone: _____		Phone: _____					
SAMPLE INFORMATION							
Sample description (include as much information as possible):				Sample collection date:			
				Sample collection time:			
TESTING REQUESTED							
Microbiology Tests			Chemistry Tests				
Dairy Lab *Required - keep samples refrigerated between 0.0 - 4.5°C (32 to 40°F) OR if a frozen product keep samples frozen below 0.0°C (32°F), deliver samples within 24 hours of collection *Required - circle sample source: retail / farm / plant / other (specify): <input type="checkbox"/> Antibiotics screen <input type="checkbox"/> Butterfat % <input type="checkbox"/> Antibiotics confirmation test <input type="checkbox"/> Added H2O in Raw Milk <input type="checkbox"/> Coliform count <input type="checkbox"/> Campylobacter Screen <input type="checkbox"/> Phosphate test <input type="checkbox"/> Campylobacter confirmation test <input type="checkbox"/> Reactivated Phosphatase Confirmation test <input type="checkbox"/> Other (specify): <input type="checkbox"/> Wisconsin Mastitis Test (WMT) screening <input type="checkbox"/> Direct Microscopic Somatic Cell Count (DMSCC) confirmation <input type="checkbox"/> Electronic Somatic Cell Count (ESCC) <input type="checkbox"/> Container Rinse test <input type="checkbox"/> Container Rinse test <input type="checkbox"/> Water E.coli/Coliform test <input type="checkbox"/> Glycol Coliform test		Pathogen Lab *Required - keep samples refrigerated between 0.0 - 15°C (32 to 59°F), deliver samples within 24 hours of collection <input type="checkbox"/> Salmonella screen <input type="checkbox"/> Salmonella confirmation test <input type="checkbox"/> Listeria screen <input type="checkbox"/> Listeria confirmation test <input type="checkbox"/> E.coli O157:H7 screen <input type="checkbox"/> E.coli O157:H7 confirmation test <input type="checkbox"/> STEC screen <input type="checkbox"/> STEC confirmation test		Feed & Fertilizer Lab <input type="checkbox"/> Nitrogen <input type="checkbox"/> Available phosphorous <input type="checkbox"/> Potash <input type="checkbox"/> Fat <input type="checkbox"/> Fiber, Crude <input type="checkbox"/> Proximate analysis (moisture, protein, fat, fiber, ash) <input type="checkbox"/> Proximate analysis (moisture, protein, fiber) <input type="checkbox"/> Protein <input type="checkbox"/> NPN (Non-Protein Nitrogen) <input type="checkbox"/> Ash <input type="checkbox"/> Moisture <input type="checkbox"/> Water activity <input type="checkbox"/> Digested: Nutritive metals <input type="checkbox"/> pH test		Pesticide Lab <input type="checkbox"/> Soil/Plants - single test <input type="checkbox"/> Soil/Plants - multi-residue test *Required - Please include all available information to the best of your knowledge. Examples: Class (organochlorine/organophosphate, carbamates, neonicotinoids, pyrethroids, etc), insecticide or herbicide, specific analytes of interest (eg. Glyphosate, Hexachlorobenzene, chlorothalonil etc), approximate pesticide application date: Harmful Algal Blooms (HAB) Lab *Required - keep samples refrigerated between 2-8°C <input type="checkbox"/> Anatoxin-a ELISA Test <input type="checkbox"/> Microcystin ELISA Test <input type="checkbox"/> Cylindrospermopsin ELISA Test	
By signing, I confirm the accuracy and the completeness of the information provided, and acknowledge the associated costs for the testing requested.			Submitted by:		Signature:		
			Date:				