

### MASTITIS LABORATORY SUBMISSION FORM

#### Lab Use Only

Accession # \_\_\_\_\_

Date Received by Lab: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date Sample(s) Collected: \_\_\_\_\_

#### Owner Information

Name/Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Veterinarian Information

Clinic and Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send Report to Via: (Check all that Apply)

**Owner:**  Mail  E-Mail  Fax **Vet:**  Mail  E-Mail  Fax

State program  Private (sent by veterinarian) / non-state program

Animal(s):  Cows  Goats  Sheep  Other \_\_\_\_\_

Total No. of Samples Submitted: \_\_\_\_\_ Pools (#): \_\_\_\_\_ Quarters(#): \_\_\_\_\_

#### Test Request(s)

Culture + DMSCC  
(Direct Microscopic Somatic Cell Count)

Sensitivity (Individual)

Herd Profile Sensitivity

Mycoplasma

Bulk Tank Mycoplasma

CMT (California Mastitis Test)

Other: \_\_\_\_\_

**Comments / Instructions for Lab: Include clinical histories (e.g. mastitis; treatment)**

#### Submission Form Instructions:

- Complete all Owner and, as applicable, Veterinarian information. Provide a e-mail and/or fax number for efficient receipt of results. If a report is to be sent to the Veterinarian; select method, or leave blank if not.
- Select State Program or Private (non-state) Submission. Select Animal Species and number of sample(s).
- Please indicate if the sample is a Pool (composite) or Quarter on the form, and number of each as these are treated differently.
- Instruction for Sample tube labeling-** Please label on sides of tubes (not caps)  
**POOLS (P)** are labeled 1, 2, 3, etc.  
**FOR COW QUARTERS (QT):** Label (number) each Quarter sample as 1-1, 1-2, 1-3, 1-4 for cow #1, 2-1, 2-2, 2-3, 2-4 for cow #2, etc. The second number represents the quarter. **1= RF (right-front), 2= LF (left-front), 3= RH (right-hind), 4= LH (left-hind)**  
**FOR GOAT/SHEEP HALVES:** Label (number) each half sample as 1-1, 1-2 for animal #1, 2-1, 2-2 for animal #2, etc. The second number represents the half. **1 = RS (right-side) 2 = LS (left-side)**
- Complete "Owner/Submitter Complete" sections on the reverse side of the submission form to match sample tubes  
Note: First list **Pool** samples followed by **Quarter** samples
- Check off tests requested in the box labeled Test Request(s), highlighted above in the upper right hand side, of this page.

**Note:** Please be aware that culture only requests (without a cell count) cannot distinguish between mastitis (actual evidence of infection within the udder) and contamination of the sample. A positive culture with a high cell count indicates mastitis. A positive culture result with a negative or low cell count usually indicates contamination of the sample.

**Somatic cell counts (DMSCC or CMT) cannot be performed on previously frozen milk samples.**

For Questions, please call:  
Admissions: 860-486-3738 (billing, shipping, etc.)  
Mastitis Lab: 860-486-4982 or 860-486-0348

Payment received: \$ \_\_\_\_\_  
[ ] CC [ ] check (# \_\_\_\_\_)

Page \_\_\_\_\_ of \_\_\_\_\_

Key: Bovine = RF – Right Front; LF – Left Front; RH – Right Hind; LH – Left Hind; BT – Bulk Tank; P – Pool  
 Ovine/Caprine= RS– Right Side; LS– Left Half; P- Pool

Owner/Submitter Complete				CVMDL Laboratory Use																		
TUBE NO.	ANIMAL ID	QT/BT/P/Half (circle one)	Treated Within Past Month?	CMT COUNT (MILLIONS)	1 <sup>ST</sup> CULTURE	2 <sup>ND</sup> CULTURE	2 <sup>ND</sup> CULTURE	TYPE OF MASTITIS ORGANISM IN SAMPLE														
					CAMP	MA.	BA.	S	L	U	D	A	O	N	M							
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				
		RF/BT/P/RS																				
		LF/BT/P/LS																				
		RH/BT/P/RS																				
		LH/BT/P/LS																				