

NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

- 1. State: \_\_\_\_\_ 2. Grade A: \_\_\_\_\_ (Yes/No) 3. Analyzed By: \_\_\_\_\_
- 4. Source of Samples: \_\_\_\_\_ 5. Reporting Period: \_\_\_\_\_
- 6. Total Samples Analyzed: \_\_\_\_\_
- 7. Number of Positive Loads or Lots: \_\_\_\_\_
- 8. Pounds of Positive Milk (000's) \_\_\_\_\_
- 9. Disposition in Compliance with PMO/State Regulations: (Yes/No) \_\_\_\_\_
- 10. Contact Person and Organization: \_\_\_\_\_
- 11. Telephone Number : \_\_\_\_\_
- 12. Remarks: \_\_\_\_\_

TESTS		
Test Code	Number of Tests	Number Positive
<b>TOTALS</b>		

Test Code Enter the Test Code. Note. If you enter a test code, you must enter data for the number of tests and the number positive.

Number of Tests Enter the number of tests.

Number of Positive Enter the number of tests which were positive.