DAIRY ANALYSIS REQUEST FORM

Scientific Laboratory Division 1101 Camino de Salud NE

DEPARTMENT OF

SLD	DATE 1101 Camino de Salud NE							DEPARTMENT OF		
USE>>> ONLY		<< <time STAMP</time 		Albuquerque, NM 87102 Phone # (505) 383-9129					HEALTH	
	USER CODE: 70102 (N						EDA)	Other:		
_	OOLK OOD!					•		Outer.		
SUBMITTER CODE:		Supplier Nun	nber / Sup	oplier Name:						
COLLECTED BY:			DA	TE COLLECTED (M/D/Y):			TIME COLLECTED:_	:24 hr. clock	
								TEMP. CONTROL @		
ANAYLYSIS REQUESTED:	Pasteurized Milk Co		Contain	atainer (Milk)				SLD Use Only	LD <u>°C</u>	
	Bulk Raw Milk		Retail I	Retail Raw Other:						
	INITIAL COLLECTION (BULK TANK SAMPLES)									
SLD#	DATE	TIME	TEMP °F	PERMIT NUMBER	PERMIT NAME	VESSEL	PRODUCT CODE	TYPE OF PRODUCT	CODE/DATE	