



NORTHWEST LABS, LLC.
150 BRIDON WAY
JEROME, IDAHO 83338
208-324-7511

MILK Testing

Sample Submission Form

Invoice/Report Sent to:

Name: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Test Requested:

Butterfat ☐ Protein ☐ Somatic Cell Count ☐
BF, PRO, SCC ☐ MUN ☐

Additional Testing on Milk:

Johnes ☐ BVD ☐

Date Sampled _____ Date Sent _____ Total # of Samples _____

VIAL#	COW or TANK	VIAL#	COW or TANK
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	