



PEI Department of Agriculture  
& Fisheries  
PEI Analytical Laboratories  
23 Innovation Way  
Charlottetown, PE C1E 0B7

# Request for Dairy Analysis

(A) Sample Information			
<input type="radio"/> Cow Sample	<input type="radio"/> Tank Sample	<input type="radio"/> Processed Product	<input type="radio"/> Other
<input type="radio"/> <b>Voluntary</b> (complete all sections) <b>Request made by:</b> <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> In Person <input type="radio"/> Other <input type="radio"/> <b>Valacta</b> (complete all sections ) sample ID's not required if barcodes provided <input type="radio"/> <b>Inspector</b> (complete all sections) Name: _____ Lab Tech required to receive samples <input type="radio"/> <b>Plant Quarterly Testing</b> (complete section A) Lab Tech required to receive samples			
Sample Date: _____ dd/mm/yy		Collection Time: _____ <input type="radio"/> a.m. <input type="radio"/> p.m.	

(B) Requested Analysis		
Test	# of Samples	Sample ID's
<input type="radio"/> Voluntary Antibiotic (SLBL, SL3, Tetra, Sulfa)		
<input type="radio"/> IBC		
<input type="radio"/> Coliform Count (CC)		
<input type="radio"/> Standard Plate Count (SPC)		
<input type="radio"/> Preliminary Incubation Count (PIC)		
<input type="radio"/> Lab Pasteurization Count (LPC)		
<input type="radio"/> E. coli		
<input type="radio"/> Staphylococcus aureus		
<input type="radio"/> Butterfat/ Protein/Lactose <input type="radio"/> Somatic Cell Count (SCC)		
<input type="radio"/> MUN		
<input type="radio"/> Added Water		

(C) Client		
Producer Number: _____		Producer Name: _____
Address: _____		
Phone: _____	Fax: _____	Email: _____

<b>Signature:</b> _____	<b>Date:</b> _____
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PEI Analytical Labs reserves the right to refuse samples which are not submitted in containers supplied by the lab; damaged containers or samples containing foreign material.

Lab Use Only				
Payment Received: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Debit <input type="radio"/> Credit	Amount: _____	
Date Rec: _____	Time Rec: _____	Temp: _____	S or N: _____	Tech: _____
Results Reported: <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Email <input type="radio"/> Mail			Date Reported: _____	Tech: _____

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