

## Monitored Membership – Bulk Milk Sample

Herd Owner:

Address:

Tel No:

Fax No:

Herd Number:  Date of Sample:

Milk Recorder's signature:

Milk Recorder's name (printed):

For Herdcare Use Only			
Booked in:	Checked:	Sample Number:	
Date of Receipt:	Invoice:	Chart Prepared:	
	Result	Reported	QC
IBRS			
BVDS			
Lepto			
Johne's			

Biobest Laboratories Ltd, Charles Darwin House, The Edinburgh Technopole, Bush Estate, Penicuik, EH26 0PJ, UK  
Tel: +44 (0)131 440 2628 Fax: +44 (0)131 440 9587 email: enquiry@biobest.co.uk www.biobest.co.uk

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