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Sample Analysis Submission Form  
 Veterinarian Testing Division  
 Date: \_\_\_\_\_  
 Acct No. \_\_\_\_\_

Herd Owner: _____	Address: _____	Ph#: (____)-____-____ Fax#: (____)-____-____
Practitioner: _____	Address: _____	Ph#: (____)-____-____ Fax#: (____)-____-____

Charge To: <input type="checkbox"/> -Owner <input type="checkbox"/> -Practitioner	SAMPLE(S) I.D., TYPE, AND CASE HISTORY: _____	Date sample(s) were taken: _____
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Test requested:  A-TMC-Aerobic Targeted Mastitis Culture     M-TMC-*Mycoplasma* Targeted Mastitis Culture  
 A&M-TMC-Aerobic and *Mycoplasma* Targeted Mastitis Culture     Mastitis Sensitivity & Susceptibility

Animal Identification/ Sample Number	Sampled Quarter					Comments/Remarks For Condition of Quarter
	LH	LF	RH	RF	Composite	
1						
2						
3						
4						
5						
6						
7						

Test requested:  -Selective Bacterial Analysis - See Code Chart Below

Bacterial Code(s) & Sample(s) ID: \_\_\_\_\_

CODE CHART - Place Sample ID along with Requested Bacterial Test Code(s) in Space Provided Above

1. <b>SA</b> - <i>Staphylococcus aureus</i>	11. <b>ENTB</b> - <i>Enterobacter</i> species	21. <b>LS RAPID</b> - <i>Listeria</i> species	31. <b>SAL</b> - <i>Salmonella</i> spp.
2. <b>STAPH</b> - <i>Staphylococcus</i> species	12. <b>PSE</b> - <i>Pseudomonas</i> species	22. <b>LS</b> - <i>Listeria</i> species	32. <b>MBAC</b> - <i>Mycobacterium</i> sp.
3. <b>SAG</b> - <i>Streptococcus agalactiae</i>	13. <b>SER</b> - <i>Serratia</i> species	23. <b>0157 RAPID</b> - <i>E. coli</i> 0157:H7	33. <b>NOC</b> - <i>Nocardia</i> spp.
4. <b>SU</b> - <i>Streptococcus uberis</i>	14. <b>GNB</b> - Gram-Bacillus	24. <b>EC-0157</b> - <i>E. coli</i> 0157:H7	34. <b>PAST</b> - <i>Pasteurella</i> spp.
5. <b>STREP</b> - <i>Streptococcus</i> species	15. <b>GPB</b> - Gram+ Bacillus	25. <b>MYCO</b> - <i>Mycoplasma</i> species	35. <b>PRO</b> - <i>Prototheca</i> spp.
6. <b>SDY</b> - <i>Streptococcus dysgalactiae</i>	16. <b>BAC</b> - <i>Bacillus</i> species	26. <b>ENTO</b> - Enterobacteriaceae	36. <b>PROT</b> - <i>Proteus</i> spp.
7. <b>EC</b> - <i>Escherichia coli</i>	17. <b>LAC</b> - <i>Lactobacillus</i> species	27. <b>CU</b> - <i>Corynebacterium ulcerans</i>	37. <b>MIC</b> - <i>Micrococcus</i> spp.
8. <b>CC</b> - Coliforms	18. <b>ACT</b> - <i>Actinomyces pyogenes</i>	28. <b>C-Perf</b> - <i>Clostridium perfringens</i>	38. <b>ECOC</b> - <i>Enterococcus</i> spp.
9. <b>EC/CC</b> - <i>Escherichia coli</i> /Coliforms	19. <b>CB</b> - <i>Corynebacterium bovis</i>	29. <b>LM</b> - <i>Listeria monocytogenes</i>	
10. <b>KLEB</b> - <i>Klebsiella</i> species	20. <b>YM</b> - Yeast/Mold	30. <b>SAL RAPID</b> - <i>Salmonella</i> spp.	

Test Requested:  -Antibiotic Residue Detection Tests in Whole, Raw, and Commingled Bovine Milk- Check Box(s) Below

Animal Identification/ Sample Number	Beta Lactam	Gentamicin Test	Aflatoxin M1 Test	Tetracycline Test	Sulfamethazine Test
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Laboratory Use Only:**      Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_      Report Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sample Condition on Arrival:**      Coolant:     -Dry Ice     -Ice Pack     -None

Sample:     -Frozen     -Thawed      Temperature Description: \_\_\_\_\_      C° \_\_\_\_\_

Clinical Condition:     -Discolored     -Flakes     -Pus     -Bloody     -Clots

Condition For Analysis:     -Acceptable     -Unacceptable