NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

1. State: _____ 2. Grade A: _____ 3. Sample by: _____

4. Source of Samples: _____

5. Reporting Period: (Month/Year): _____

6. Total Samples Analyzed _____

7. Number of Positive Loads or Lots _____

8. Pounds of Positive Milk _____(000)

9. Disposition in Compliance with PMO/State Regulations _____

10. Contact Person and Organization: _____

11. Telephone Number: _____

12. Remarks: _____

TESTS		
Test Code	**Number of Tests**	**Number positive**