

# QMPS General Submission Form



www.ahdc.vet.cornell.edu/sects/QMPS

**Central Laboratory**  
240 Farrier Rd.  
Ithaca, NY 14853  
Phone: 607-255-8202  
877-645-5522  
Fax: 607-253-4000

**Eastern Laboratory**  
111 Schenectady Ave.  
Cobleskill, NY 12043  
Phone: 518-255-5681  
877-645-5524  
Fax: 518-255-5682

**Western Laboratory**  
36 Center St. STE A  
Warsaw, NY 14569  
Phone: 585-786-2555  
877-645-5525  
Fax: 585-786-2550

**Northern Laboratory**  
34 Cornell Dr.  
Canton, NY 13619  
Phone: 315-379-3930  
877-645-5523  
Fax: 315-379-3931

Condition(s) per sample type: Page \_\_\_\_ of \_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Samples submitted to QMPS and organisms isolated from them become the property of QMPS.

<b>Owner</b>		<b>Veterinarian</b>	
<b>Account No.</b>		<b>Account No.</b>	
<b>Address</b>		<b>Address</b>	
<b>City/State/Zip</b>		<b>City/State/Zip</b>	

Please check the communication method preferred for reporting and provide the correct contact information.

<b>Phone</b>		<b>Phone</b>	
<b>Fax/US Mail</b> (circle)		<b>Fax/US Mail</b> (circle)	
<b>Email</b>		<b>Email</b>	
<b>DC305</b>		<b>Species:</b> <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____	

**Bill To:**  Owner  Veterinarian  3<sup>rd</sup> Party (LIMS#) \_\_\_\_\_

Notes:

<p><b>Sample Type:</b> CS = Composite, LH = Left Hind, LF = Left Front, RH = Right Hind, RF = Right Front. <b>OTHER:</b> BED = Bedding, C = Colostrum, I = Isolate, T = Towel, S = Swab, F = Filter, TD = Teat Dip, W = Water, B = Brush</p>	<p><b>Reason:</b> CM = Clinical SUB = Sub-clinical F = Fresh HTO = Hospital Take-out</p>	<p><b>Test:</b> A = Aerobic Culture, M = Mycoplasma, MP = Myco Pool SCC = Somatic cell count, AB = Antibiotic Susceptibility, BT = Bulk Tank Culture, Q = Quantification (bacteria counts)</p>
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No.	*Sample ID	*Sample Type						*Sample Date	Reason				Test(s)	No.
		LH	LF	RH	RF	CS	Other		CM	Sub	F	HTO		
1														1
2														2
3														3
4														4
5														5
6														6
7														7
8														8
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26														26
27														27
28														28
29														29
30														30

\*Sample ID, Type, and date must be accurate in order to receive results directly to DC305

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Date: \_\_\_\_\_ Page \_\_\_ of \_\_\_

<b>Owner</b>	
<b>Account No.</b>	

No.	*Sample ID	*Sample Type						*Sample Date	Reason				Test(s)	No.
		LH	LF	RH	RF	CS	Other		CM	Sub	F	HTO		
1														1
2														2
3														3
4														4
5														5
6														6
7														7
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