



Sample Submission Form

MI Lab: 1163 Comet Ln, Grand Ledge MI 48837

WI Lab: 200 E Kelso Rd, Kaukauna, WI 54130

Toll Free: 800.631.3510

www.northstarcooperative.com



(Complete below and submit with samples)

Page 1 of _____

Submitter's Name: _____

Owner's Name: _____

Clinic Name: _____

Farm Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Signature: _____

Herdcode: _____ Customer #: _____

Collect Date _____ Ship Date _____

Bill to: Clinic Owner Other: _____

Supplemental results online at: reports.northstarcooperative.com

Report results via Web Reports to: Clinic Owner

Report results to: Clinic Owner via: _____

Additional Information, Special Instructions, Comments:

Sample Type: Individual Milk Bulk Milk Serum Tissue Fecal

Species: Bovine Other: _____

Supplemental Testing

- Johne's Antibody ELISA
- Leukosis Antibody ELISA
- BVD Antigen ELISA
- Pregnancy ELISA (PAGs)
- Progesterone ELISA
- Neospora Antibody ELISA
- Contagious-3 Mastitis Panel
- Complete-16 Mastitis Panel
- Mpara-teQ (Johne's PCR)
- BVD PCR
- NEFA Serum Assay
 - Pre-Calving
 - Post-Calving

Component Analysis

- Somatic Cell Count
- Butterfat
- Protein
- Solids non-fat
- Lactose
- MUN

Sample Pooling: 5:1 4:1 3:1 Other _____ : 1

Qty: _____

Sample No.	Official Animal ID	Barn Animal ID	Age	Sex	Notes / Individual Testing Requests
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



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Owner's Name: _____

Phone: _____

Phone: _____

Sample No.	Official Animal ID	Barn Animal ID	Age	Sex	Notes / Individual Testing Requests
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					