

NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

1. State: _____ 2. Grade A: ____ (Yes/No) 3. Analyzed By: _____
4. Source of Samples: _____ 5. Reporting Period: _____
6. Total Samples Analyzed: _____
7. Number of Positive Loads or Lots: _____
8. Pounds of Positive Milk (000's) _____
9. Disposition in Compliance with PMO/State Regulations: (Yes/No) _____
10. Contact Person and Organization: _____
11. Telephone Number: _____
12. Remarks: _____
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Test Results (enter as many rows as needed)

Test Code	Number of Tests	Number Positive
TOTALS		

Notes