



For Office Use:

MilkTestNZ Unique Reference Number: _____

Phone: 07 849 6010
1344 Te Rapa Road
Horotiu
Hamilton 3288

Client Details

(Approved customers only - Contact salesoperations@milktest.co.nz to register as a customer before sending samples)

Company Name		Name and Signature	
Company to Charge to		Phone Number	
Purchase Order Number		Dispatched Date	
Reference Number		Chilly Bin to be Returned?	☐
Email Addresses for Results			
Additional Comments			CSV File Required? ☐

Submission Requirements

Email completed submission forms to: samlereception@milktest.co.nz

Samples must be accompanied by a submission form. Submission forms that are filled out incorrectly will not be processed until they are corrected or clarified. Samples under query will be disposed of after 48 hours.

Please refer to the Sample Type Builder and Available Tests tables on the following pages to complete the table below.

Sample Submission Details

No.	Sample ID Maximum 19 characters	Sample Date	Sample Type					Testing Requirements Please list Test Numbers	For Office Use: Internal Reference ID
			L1	L2	L3	L4	Frozen		
1							☐		
2							☐		
3							☐		
4							☐		
5							☐		
6							☐		
7							☐		
8							☐		
9							☐		
10							☐		

Samples should be chilled not frozen. Please enquire before submitting frozen samples.
If any samples are frozen or have been frozen, tick the Frozen box in the Sample Type Section.

Declaration and Acceptance

By submitting this form, the Customer confirms they are authorised to request the services specified in this submission and the information provided is correct and complete. The Customer acknowledges that they have read and accept MilkTestNZ's Standard Terms and Conditions of Trade, available at www.milktest.co.nz/about/Terms-of-Trade.aspx, which apply to this order.

Testing is charged at the rates in the Customer's current price agreement with MilkTestNZ or, where no agreement is in place, at MilkTestNZ's standard schedule of charges current at the date of submission.

For Office Use:

Chain of Custody Details		Result Reporting Details				
Received by		Date	Tests	Technician	Invoiced	Scanned
Date Received						
Time Received						
Number of Samples						
Temperature on Arrival						



Please refer to the Sample Type Builder and Available Tests tables on the following pages to complete the table below.

Sample Submission Details									
No.	Sample ID Maximum 19 characters	Sample Date	Sample Type					Testing Requirements Please list Test Numbers	For Office Use: Internal Reference ID
			L1	L2	L3	L4	Frozen		
11							☐		
12							☐		
13							☐		
14							☐		
15							☐		
16							☐		
17							☐		
18							☐		
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31							☐		
32							☐		
33							☐		
34							☐		
35							☐		
36							☐		
37							☐		
38							☐		
39							☐		
40							☐		

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Sample Type Builder							
L1		L2		L3		L4	
Goat	G	Milk	M	Skim	S	Raw	R
Water	W	Cream	Cr	Whole	W	Pasteurised	P
		Colostrum	Co	Ultra-filtered (RO)	UF	Ultra-Heat Treated	UHT
		Permeate	P	Infant Formula	IF	Powder	Pow
		Retentate	R				
		Whey	W				

Available Tests				
Composition Testing				
Test #	Test Name	Volume	Information about Test	Sample type restrictions
161	Composition including SCC and Freezing Point (Fat, Pro, Lac, TS, Fr. Pt)	30 mL	Individual sample required (cannot be split for other testing)	Raw milk only
13	Somatic Cell Count only	30 mL	Individual sample required (cannot be split for other testing)	Raw milk only
11	Freezing Point only (Cryoscope)	5 mL	Individual sample required (cannot be split for other testing)	Raw milk only
Analytical/Reference Testing				
Test #	Test Name	Volume	Information about Test	Sample type restrictions
251	Fat (Roese Gottlieb)	10 mL	Reference method tests can be carried out from a singular sample. Cannot be split for micro testing	
252	Protein (Kjeldahl)	5 mL		
253	Lactose (HPLC)	1 mL		
254	Total Solids (Gravimetric)	3 mL		
259	Solid Non-Fat (SNF)	N/A		
260	NCN (Kjeldahl)	15 mL		
261	NPN (Kjeldahl)	15 mL		
Micro testing				
Test #	Test Name	Volume	Information about Test	Sample type restrictions
3	Bacterial Estimate (SPC)	3 mL		
33	Bacterial Estimate (SPC Neat)	3 mL	Pasteurised, Raw Milk for Consumption	Raw and pasteurised milk
32	Bacterial Estimate (Petrifilm)	3 mL		
4	Coliforms	10 mL		Raw milk only
34	Coliforms Neat	3 mL	Pasteurised, Raw Milk for Consumption	Raw and pasteurised milk
5	Thermoturics	10 mL		Raw milk only
8	Foreign Matter/Sediment	37 mL	Individual sample required (cannot be split for other testing)	Raw milk only
10	Senses	15 mL	Can be tested alongside Foreign Matter/Sediment	Raw milk only
17	Sulphite Reducing Clostridia (SRC)	10 mL		Raw milk only
84	E. coli in Water Presence/Absence	100 mL		Water only



Available Tests Continued

Inhibitory Substance Testing

Test #	Test Name	Volume	Information about Test	Sample type restrictions
9	Inhibitory Substances (Screening) – Delvo T	2 mL	Screening test to detect presence of Inhibitory Substances (e.g. Antibiotics or detergent residue)	Raw milk only
65	Inhibitory Substances – Estimated Concentration	2 mL	Confirmation of a detected result from screening or suspected presence	Raw milk only
173	Standard Antibiotic Residue Suite (LC-MS/MS)	2 mL	Identification and concentration of Antibiotic present in sample - NZ Antibiotic suite	
174	Australian Antibiotic Residue Suite (LC-MS/MS)	2 mL	Identification and concentration of Antibiotic present in sample - Australian Antibiotic Suite	

Specialty/Residue Testing

Test #	Test Name	Volume	Information about Test	Sample type restrictions
6	IgG (HPLC)	5 mL		
21	DDE	5 mL	Fat result is required for testing	Raw milk only
36	BOV Test	5 mL		
126	Beta-Lactamase	5 mL		
175	Chlorhexidine	2 mL		
210	Fatty Acids	5 mL		
360	Titrateable Acidity	20 mL		
19	Iodine	5 mL		
30	Aflatoxin	5 mL		
45	Detergent Residue Suite	5 mL		
144	Chlorates and Perchlorates	5 mL		
147	Furosine	5 mL/10 g	Protein result is required for testing	
149	Lactulose	5 mL/10 g		
155	Minerals / Heavy Metals / Elements	5 mL	Must define which minerals and/or elements are required	
204	QAC and NPE	5 mL		Liquid milk only
216	Milk Adulterants	10 mL	Melamine, DCD and Cyanuric Acid	
217	Mesospores	5 mL		
218	Bacillus cereus	5 mL		
219	Bismuth	5 mL		
224	NP	5 mL		

Colostrum Sample Type Testing

Test #	Test Name	Volume	Information about Test
3	Bacterial Estimate (SPC)	3 mL	
4	Coliforms	10 mL	
34	Coliforms Neat	3 mL	
5	Thermotolerants	10 mL	
78	Foreign Matter/Sediment	37 mL	Individual sample required (cannot be split for other testing)
70	Senses	10 mL	Can be tested alongside Foreign Matter/Sediment
79	Inhibitory Substances (Screening) – Delvo T	2 mL	Screening test to detect presence of Inhibitory Substances (e.g. Antibiotics or detergent residue)