



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? | <input type="checkbox"/>                               |
| Email Addresses for Results |  |                            |                                                        |
| Additional Comments         |  |                            | <div>CSV File Required?</div> <input type="checkbox"/> |

### Submission Requirements

Email completed submission forms to: [samlereception@milktest.co.nz](mailto: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<br><small>Maximum 19 characters</small> | Sample Date | Sample Type |    |    |    |                          | Testing Requirements<br><small>Please list Test Numbers</small> | For Office Use:<br>Internal Reference ID |
|-----|---------------------------------------------------|-------------|-------------|----|----|----|--------------------------|-----------------------------------------------------------------|------------------------------------------|
|     |                                                   |             | L1          | L2 | L3 | L4 | Frozen                   |                                                                 |                                          |
| 1   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 2   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 3   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 4   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 5   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 6   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 7   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 8   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 9   |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 10  |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |

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](http://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<br><small>Maximum 19 characters</small> | Sample Date | Sample Type |    |    |    |                          | Testing Requirements<br><small>Please list Test Numbers</small> | For Office Use:<br>Internal Reference ID |
|                           |                                                   |             | L1          | L2 | L3 | L4 | Frozen                   |                                                                 |                                          |
| 11                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 12                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 13                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 14                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 15                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 16                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 17                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 18                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 19                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 20                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 21                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 22                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 23                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 24                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 25                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 26                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 27                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 28                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 29                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 30                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 31                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 32                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 33                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 34                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 35                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 36                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 37                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 38                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 39                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |
| 40                        |                                                   |             |             |    |    |    | <input type="checkbox"/> |                                                                 |                                          |

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.



| Sample Type Builder |   |                    |     |       |   |             |     |
|---------------------|---|--------------------|-----|-------|---|-------------|-----|
| L1                  |   | L2                 |     | L3    |   | L4          |     |
| Sheep               | S | Milk               | M   | Skim  | S | Raw         | R   |
| Water               | W | Cream              | Cr  | Whole | W | Pasteurised | P   |
|                     |   | Colostrum          | Co  |       |   | Powder      | Pow |
|                     |   | Anhydrous Milk Fat | AMF |       |   |             |     |
|                     |   | Slurry             | S   |       |   |             |     |

| Available Tests              |                                                 |        |                                                                                                       |                          |
|------------------------------|-------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|--------------------------|
| Composition testing          |                                                 |        |                                                                                                       |                          |
| Test #                       | Test Name                                       | Volume | Information about Test                                                                                | Sample type restrictions |
| 13                           | Somatic Cell Count                              | 30 mL  | Individual sample required<br>(cannot be split for other testing)                                     | Raw milk only            |
| 11                           | Freezing Point only (Cryoscope)                 | 5 mL   | Individual sample required<br>(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 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   |                                                                                                       |                          |
| 32                           | Bacterial Estimate (Petrifilm)                  | 3 mL   |                                                                                                       | Raw milk only            |
| 4                            | Coliforms                                       | 10 mL  |                                                                                                       | Raw milk only            |
| 34                           | Coliforms Neat                                  | 3 mL   |                                                                                                       |                          |
| 5                            | Thermoturics                                    | 10 mL  |                                                                                                       | Raw milk only            |
| 8                            | Foreign Matter/Sediment                         | 37 mL  | Individual sample required<br>(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                           | <i>E. coli</i> in Water Presence/Absence        | 100 mL |                                                                                                       | Water only               |
| 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<br>(e.g. Antibiotics or detergent residue) | Raw milk only            |
| 65                           | Inhibitory Substances – Estimated Concentration | 2 mL   | Confirmation of a detected result from screening or<br>suspected presence                             | Raw milk only            |
| 173                          | Standard Antibiotic Residue Suite (LC-MS/MS)    | 2 mL   | Identification and concentration of Antibiotic present in<br>sample - NZ Antibiotic suite             |                          |
| 174                          | Australian Antibiotic Residue Suite (LC-MS/MS)  | 2 mL   | Identification and concentration of Antibiotic present in<br>sample - Australian Antibiotic Suite     |                          |



| Available Tests Continued     |                                             |           |                                                                                                    |                          |
|-------------------------------|---------------------------------------------|-----------|----------------------------------------------------------------------------------------------------|--------------------------|
| 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                           | Perchlorates and Chlorates                  | 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                             | Thermoturics                                | 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) |                          |