

# DRUG RESIDUE SCREENING REPORTING FORM

OHIO DEPARTMENT OF AGRICULTURE ..... PHONE (614) 466-5550 / FAX (614) 728-2652

Rev 6/12

SCREENING LOCATION	ROUTE/LOAD #	MILK HAULER	DISPOSITION of load - including location address
	SELLER	LOAD WEIGHT	

**\*\*\*COPY OF WEIGHT SLIP MUST ACCOMPANY THIS FORM TO THE OHIO DEPARTMENT OF AGRICULTURE\*\*\***

I. INITIAL TEST		III. CONFIRMATION TEST	
SAMPLE COLLECTED Date: _____ Time: _____	SAMPLE TESTED Date: _____ Time: _____	TESTING SITE FOR CONFIRMATION TEST:	
TEST METHOD	RESULT		

II. PRESUMPTIVE POSITIVE TEST RESULTS			
TEST METHOD	Positive Control		
	Negative Control		
	Duplicate #1		
	Duplicate #2		
Analyst Signature			

Is the sample Presumptive Positive: Yes / No			
If YES	If NO		

FAX this form and copy of the weight slip and printout documenting all test results IMMEDIATELY to the Ohio Department of Agriculture

Phone: 614-466-5550 Fax: 614-728-2652

Phoned: Date _____ Time _____ AM/PM  Faxed: Date _____ Time _____ AM/PM  Analyst Signature	<b>Reported to the Ohio Department of Agriculture</b> <b>Phone: 614-466-5550 Fax: 614-728-2652</b>  Phoned: Date _____ Time _____ AM/PM  Faxed: Date _____ Time _____ AM/PM  **Can be reported simultaneously with producer confirmation test results, if the SAME laboratory is performing the producer traceback tests.**  Analyst Signature
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IV. PRODUCER TRACEBACK			V. DUPLICATE OF POSITIVE PRODUCER	
Positive Control:		Negative Control:	Positive Control:	Negative Control:
Route #	Patron #	Result	Duplicate 1	Duplicate 2
Analyst Signature			Analyst Signature	