

Sächsischer Landeskontrollverband e.V. • August-Bebel-Str. 6 • 09577 Niederwiesa • www.lkvsachsen.de • e-Mail: labor@rizu.de • Tel. 037206 / 87-167 • Fax. 037206 / 87-230

- E-Mail
- Fax

Customer No.*: _____

Adress*: _____

Place/State*: _____

Phone*/Fax: _____ / _____

: _____

Crate Number: _____

fill out by the laboratory

order number: _____

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

sample receipt:

date: _____

milk temperature: _____ °C

*mandatory fields to fill out

| No. | sample identifier* (if no cow's milk, please note the type of milk, at missing marking the allocation take place according to current number)) | date of sampling | note/preservation | package: fat (IR), protein (IR), lactose (IR), urea (IR), cell count | fat, protein, lactose, urea (IR) | freezing point (IR) | pH-value (IR) | fatty acids (IR) | methane | cell count | germ count | inhibitors (microb. test) | rapid tests | | | quinolones (inhibitors) | Inhibitors dilution | Inhibitors differentiation |
|-----|--|------------------|-------------------|--|----------------------------------|---------------------|---------------|------------------|---------|------------|------------|---------------------------|------------------|-----------|--------------|-------------------------|---------------------|----------------------------|
| | | | | | | | | | | | | | Charm MRLBLTET2A | Duplex BT | SNAP ST plus | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |

- I do **not** want an evaluation of the analysis results (conformity assessment). Please note that this leads to additional costs.
- I do **not** want to be assigned to a third-party laboratory. This leads to the fact that the offered investigations can not be carried out.

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signature