# DAIRY ANALYSIS REQUEST FORM

**Scientific Laboratory Division**
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone # (505) 383-9129

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**USER CODE:**
- [ ] 70102 (NMDA)
- [ ] 91300 (FDA)
- [ ] Other: ____________

**SUBMITTER CODE:**
- [ ] Supplier Number / Supplier Name: ________________________________

**COLLECTED BY:** ______________________________
**DATE COLLECTED (M/D/Y):** ______/______/_______
**TIME COLLECTED:** ______:______ 24 hr. clock

**TEMP. CONTROL @ packing:** ______ °F

**ANALYSIS REQUESTED:**
- [ ] Pasteurized Milk
- [ ] Container (Milk)
- [ ] Bulk Raw Milk
- [ ] Retail Raw
- [ ] Other: ____________

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## INITIAL COLLECTION
(BULK TANK SAMPLES)

<table>
<thead>
<tr>
<th>SLD #</th>
<th>DATE</th>
<th>TIME</th>
<th>TEMP °F</th>
<th>PERMIT NUMBER</th>
<th>PERMIT NAME</th>
<th>VESSEL</th>
<th>PRODUCT CODE</th>
<th>TYPE OF PRODUCT</th>
<th>CODE/DATE</th>
</tr>
</thead>
</table>

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**NEW MEXICO DEPARTMENT OF HEALTH**