



Dairy and Meat Inspection Division Phone: 651-201-6300 Fax: 651-201-6116 Email: Dairy.Results@state.mn.us

Positive Drug Residue Report Form DR1 – INITIAL SCREENING & PRESUMPTIVE POSITIVE

PASTEURIZED MILK ORDINANCE (PMO) - APPENDIX N & FORM FDA/NCIMS 2400n
Fax or email this form within 24 hours: 651-201-6116 or Dairy.Results@state.mn.us.

Milk Load Identification Information

Date Collected at Farm _____ Time of Collection _____ Person Sampling Load _____
Name of Hauler _____ Sampler/Hauler License No. _____ Weight Ticket/Bill of Lading No. _____
Single Compartment Tanker Total Lbs. of Milk _____
Two Compartment Tanker Front – Total Lbs. of Milk _____ Rear – Total Lbs. of Milk _____

Screening Site Information

Name of Screening Site _____ Name of Analyst _____

Section I: Initial Screening Test

Date of Test _____ Test Kit Used _____ BETA LACTAM Other _____
Single Compartment Tanker Test Value _____ Positive NF
Two Compartment Tanker Front Test Value _____ Positive NF Rear Test Value _____ Positive NF

Section II: Presumptive Positive Tests

If the initial screening test is positive, the same sample must be re-tested in duplicate with a positive and negative control by the same analyst.

Will the same milk sample be used? Yes No If no, contact the State Regulatory Agency for approval

Name of State Contact _____ Date _____

Single Compartment Tanker

Duplicate #1 Positive Duplicate #2 Positive
Test Value _____ NF Test Value _____ NF

Two Compartment Tanker

Front
Duplicate #1 Positive Duplicate #2 Positive
Test Value _____ NF Test Value _____ NF

Rear
Duplicate #1 Positive Duplicate #2 Positive
Test Value _____ NF Test Value _____ NF

If one or both of the duplicates are positive, the sample must be sent to a confirmation laboratory where the load & producer samples will be tested.

Name of Confirmation Laboratory _____

A copy of this form must accompany the original load sample and producer samples to the Confirming Laboratory

Comments