



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

Positive Drug Residue Report Form DR3 – PRODUCER MONTHLY QUALITY CONFIRMATION

PASTEURIZED MILK ORDINANCE (PMO) - SECTION 6 AND APPENDIX N

Contact the farm’s inspector and email this form within 24 hours: Dairy.Results@state.mn.us and LEO.Lab@state.mn.us

Milk producer quality sample must be tested by an accredited laboratory

Producer Information

Name of Producer _____ Permit No. _____ BTU No. _____
Date Sample Collected at Farm _____
Date of Appendix N Load Screening Test _____ Test Kit Used _____ Test Results Positive NF
Did the Milk Get Processed? Yes If Yes, Name of Plant _____
No

Laboratory Information

Name of Certified Laboratory _____ Name of Certified Analyst _____

Initial Producer Test

Date of Test _____ Test Kit Used Delvo 5 pack Delvo P/SP Mini Other _____
Test Value/Test Color _____ Positive NF

Confirmation of Positive Producer Test

Date of Test _____ Test Kit Used Delvo 5 pack Delvo P/SP Mini Other _____
Duplicate #1 Test Value/Test Color _____ Positive NF
Duplicate #2 Test Value/Test Color _____ Positive NF

If one or both of the duplicates test positive: Contact Field Representative immediately for farm follow up. Future pickup of the producer’s milk is suspended until subsequent testing establishes the milk is no longer positive for drug residues

Confirmation procedure must follow appropriate FDA/CIMS 2400 Series forms

Comments