



**Stearns DHIA Laboratories**

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Please fill in all areas highlighted in green

Farm Name: \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Average DIM \_\_\_\_\_  
 Average lbs/day \_\_\_\_\_  
 Breed Type \_\_\_\_\_  
 2X or 3X \_\_\_\_\_  
 Average Fat \_\_\_\_\_  
 Average Protein \_\_\_\_\_

Check all that apply:

|   |                     |                       |
|---|---------------------|-----------------------|
| Components/MUN _____                                  | Leukosis _____      | Bedding Culture _____ |
| Fatty Acids <input checked="" type="checkbox"/> _____ | Culture _____       | SPC _____             |
| Pregnancy _____                                       | Sensitivity _____   | Coliform _____        |
| Johne's _____   | Towel Culture _____ | Antibiotics _____     |

| Vial # | Date Taken | Sample ID |
|--------|------------|-----------|
| 1      |            |           |
| 2      |            |           |
| 3      |            |           |
| 4      |            |           |
| 5      |            |           |
| 6      |            |           |
| 7      |            |           |
| 8      |            |           |
| 9      |            |           |
| 10     |            |           |
| 11     |            |           |
| 12     |            |           |