



Agriculture
Quality Evaluation Division
Laboratory Services

PO Box 550, Truro, Nova Scotia B2N 5E3
 (176 College Road, Truro, NS B2N 2P3)
 Tel: 902-893-4683 Fax: 902-893-4193

SOMATIC CELL COUNT

Name _____

Address _____

Town/City _____

Prov. _____ Postal Code _____

Tel _____ Fax _____

Signature _____

Federal Registration # _____

Date Sampled _____

Date Received _____

Specimen Requested by:

Dairy Field Inspector Yes No

Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of the information provided by the person submitting the sample (i.e. source).

LAB USE ONLY

Signature

Revised August 2006



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