## I. INITIAL TEST

<table>
<thead>
<tr>
<th>SAMPLES COLLECTED</th>
<th>SAMPLE TESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE: ___________</td>
<td>DATE: ___________</td>
</tr>
<tr>
<td>TIME: ___________ AM/PM</td>
<td>TIME: ___________ AM/PM</td>
</tr>
</tbody>
</table>

**TEST METHOD:**

- Positive Control
- Negative Control

**NAME:**

**IMS#:**

**RESULT:**

Is the sample Presumptive Positive? **YES / NO**

**If YES, see instructions below.**

## II. PRESumptive POSITIVE - SAME ANALYST - SAME TEST

**TEST METHOD:**

- Positive Control
- Negative Control
- Low Calibrator
- High Calibrator

**SAMPLE RECEIVED**

- DATE: ___________
- TIME: ___________ AM/PM
- SAMPLE TEMP ___________ C

**SAMPLE TESTED**

- DATE: ___________
- TIME: ___________ AM/PM
- SAMPLE TEMP ___________ C

**TEST METHOD:**

- Positive Control
- Negative Control
- Low Calibrator
- High Calibrator

**NAME:**

**IMS#:**

**RESULT:**

**If YES, contact State Dairy Inspector.**

**Contact State Dairy Inspector ASAP**

**ANALYST SIGNATURE:**

**STATE INSPECTOR NOTIFIED:**

**DATE:** ___________  **TIME:** ___________ AM/PM

**DATE OF RESUMED SHIPPING:**

**Records must be kept for two years, from the time of Lab Evaluation**

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**If your load sample is presumptive positive, than the sample and producer sample(s) must be confirmed by a Certified Industry Supervisor. Proceed to Section III.**

**If your facility is not a CIS facility, the original load sample, producer sample(s) and paperwork must be sent to the Nebraska State Laboratory for confirmation. If the State Laboratory is unavailable, by permission of the LEO, the original load sample, producer sample(s) and paperwork may be sent to a CIS facility.**

**State Inspector will contact Laboratory Evaluation Officer - Kathy Pieper**

**Email or fax reports immediately to:**

Kathy Pieper

Email: kathy.pieper@nebraska.gov

or

Fax: 402-471-0091