

**NEVADA DEPARTMENT OF AGRICULTURE
FOOD & NUTRITION DIVISION-FOOD SAFETY
405 S. 21ST. STREET
SPARKS, NEVADA 89431
OFFICE (775) 353-3605
FAX (775) 353-3749**

PRESUMPTIVE AND/OR SCREEN TEST POSITIVE DRUG RESIDUE TEST REPORT

Receiving Location _____	Date ___/___/___ Time ___ : ___ am/pm	Owner of Milk _____	Route or Load # _____
Milk Hauler _____	Dual Compartment Yes _____ No _____ Front _____ Rear _____	Weight of Load _____	Tanker License Plate No. And State _____

PRESUMPTIVE POSITIVE TEST RESULT

Date Tested ___/___/___ Time ___ : ___ am/pm	Test Method Used _____ Lot # of Test Kit _____	Initial Results _____	Regulatory Agencies Notified _____ Date ___/___/___ Time ___ : ___ am/pm _____ Date ___/___/___ Time ___ : ___ am/pm
Disposition of Load for Further Testing (send <u>initial</u> sample, explain in detail, attach weigh slip, secure tanker and include seal numbers) _____ _____			
INDUSTRY SUPERVISOR SIGNATURE _____		DATE _____	
ANALYST SIGNATURE _____		DATE _____	

SCREENING TEST POSITIVE (CONFIRMATION RESULTS)

Confirmatory Location _____	Date Tested ___/___/___ Time ___ : ___ am/pm	Test Method Used _____	Retest Results In Duplicate (no. if applicable) _____
Control Results Control Point _____ Positive _____ Negative _____ Charm SL Low: High:	Lot Number of Test Kit _____ Expiration Date _____ Prepared Date _____	Regulatory Agencies Notified _____ Date ___/___/___ Time ___ : ___ am/pm _____ Date ___/___/___ Time ___ : ___ am/pm	
C.I.S. / CERTIFIED ANALYST SIGNATURE _____ DATE _____			

A COPY OF THIS REPORT MUST ACCOMPANY THE TRUCK AND PRODUCER SAMPLES TO THE CONFIRMATION LOCATION, BE KEPT ON FILE AT THE SCREENING LOCATION, AND ALSO BE SENT TO THE DEPARTMENT WITHIN 72 HOURS OF INITIAL TESTING.