

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

CONFIRMATORY POSITIVE DRUG RESIDUE TEST REPORT

| | | | |
|---------------------------------------|--|--|---|
| Confirmation Location _____ | Date ___/___/___ Time ___ : ___ am/pm | Owner of Milk _____ _____ | Route or Load # _____ _____ |
| Laboratory ID# _____ | Test Method Used _____ _____ | Lot Number of Test Kit _____ Expiration Date ___/___/___ Prepared Date ___/___/___ | Regulatory Agencies Notified _____ Date ___/___/___ Time ___ : ___ am/pm _____ Date ___/___/___ Time ___ : ___ am/pm |
| RECEIVED | Date: ___/___/___ | Time: ___ : ___ am/pm | Temp. : _____°C. |
| TESTED | Date: ___/___/___ | Time: ___ : ___ am/pm | Temp. : _____°C. |

CONFIRMATORY TESTING INFORMATION TEST RESULTS

| Sample No. | Producer ID No. | Results/Intrep. (# color/Intrep.) | Test Information |
|------------|-----------------|--------------------------------------|--|
| | | | Control Point _____ |
| | | | Controls |
| | | | Positive Results _____ |
| | | | Negative Results _____ |
| | | | Positive Producer (s) One Result (Only) |
| | | | _____ _____ |

CERTIFIED INDUSTRY SUP. SIGN. _____ **DATE** _____

A COPY OF THE PRESUMPTIVE/SCREEN TEST MUST ACCOMPANY THIS REPORT AND BE MAILED TO THE DEPARTMENT WITHIN 48 HOURS OF CONFIRMATION ANALYSIS. A COPY MUST BE KEPT ON FILE AT THE CONFIRMATION LOCATION.