

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

**CONFIRMATORY POSITIVE DRUG RESIDUE TEST REPORT**

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

**CONFIRMATORY TESTING INFORMATION TEST RESULTS**

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

**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.**