

Indiana State Board of Animal Health
MONTHLY SUMMARY
APPENDIX N DRUG SCREENING

Plant or Testing Site: _____

Month and Year: _____

Number of Bulk Trucks Received: _____

Number of Bulk Trucks Positive: _____

Pounds of Milk Disposed of Due to Drug Residues: _____

Positive Loads

Date	Load ID	BTU#	Drug

MONTHLY PRODUCER DRUG TESTING (Section 6 Testing)

Total Number of Producers Tested: _____

Total Number of Producers Found Positive: _____

This form is to be completed and sent along with the Daily Tanker Testing Log sheets by the 15th of each month to the Indiana State Board of Animal Health, Dairy Program, Discovery Hall, Suite 100, 1202 East 38th Street, Indianapolis, IN 46205 or fax to 317-974-2011.