

PENNSYLVANIA DEPARTMENT OF AGRICULTURE
 BUREAU OF FOOD SAFETY & LABORATORY SERVICES
 LABORATORY DIVISION
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PRODUCER TRACE-BACK FOR POSITIVE CONFIRMED LOADS
(DRUG RESIDUE) TEST REPORT

Confirmatory Location _____ _____	Date ___/___/___ Time ___:___ am/pm Temp. _____ °F	Owner of Milk _____ FIPS # _____	Route # _____ Load # _____		
Laboratory ID # _____ Printout (enclosed): Yes <input type="checkbox"/> No <input type="checkbox"/>	Test Method(s) Used _____ _____	Test Kit Lot # _____ Expiration Date _____	<u>Department Notification:</u> Phone ___ Fax ___ Email ___ Date ___/___/___ Time ___:___ am/pm Reported By: _____ Who contacted _____		
<u>Comments:</u> _____ _____					
Samples Received: Date: ___/___/___ Time: ___:___ am/pm Temp. : _____ °C. Analyst Initials _____ Samples Tested: Date: ___/___/___ Time: ___:___ am/pm Temp. : _____ °C. Analyst Initials _____					
PRODUCER TRACE-BACK INFORMATION TEST RESULTS					
Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	Control Results
					Positive Control _____
					Negative Control _____
					<u>Charm II Control Point Results</u>
					Control Point _____
					Date Established _____
					Positive _____ Negative _____
					(Average) + _____ -- _____
					Producer Confirmation
					Positive Producer(s)
					<u>DUPLICATE</u> (number / interpretation)
					_____ / _____
					_____ / _____
					Positive Control _____
					Negative Control _____
CERTIFIED ANALYST / SUPERVISOR _____					DATE _____

**A COPY OF BFSL-477 MUST ACCOMPANY THIS REPORT AND BE SENT WITHIN 48 HOURS OF TRACE-BACK RESULTS. A COPY MUST BE KEPT ON FILE AT THE CONFIRMATORY LOCATION.