

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES
LABORATORY DIVISION
2301 N. CAMERON STREET
HARRISBURG, PA 17110-9408
Office (717) 787-4315 Fax (717) 787-1873**

**PRODUCER TRACE-BACK FOR POSITIVE CONFIRMED LOADS
(DRUG RESIDUE) TEST REPORT**

Confirmatory Location _____	Collection of Sample Date ___/___/___ Time ___:___am/pm Temp. _____°F	Owner of Milk _____ FIPS # _____	Route # _____ Load # _____		
Laboratory ID # _____	Test Method(s) Used _____ _____	Test Kit Lot # _____	Department Notification: Phone __ Fax __ Email __ Date ___/___/___ Time ___:___am/pm Reported By: _____ Who contacted _____		
Printout (enclosed): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Expiration Date _____					
Comments: _____					
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					
PRODUCER INITIAL TEST(S)					Control Results*
Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	* Not applicable if using Charm EZ reader
					Positive Control _____
					Negative Control _____
					Charm II Control Point Results
					Control Point _____
					Date Established _____
					Positive _____ Negative _____
					(Average) + _____ -- _____
PRODUCER CONFIRMATION					
					Positive Producer(s)
					DUPLICATE RESULTS (number / interpretation)
					_____ / _____
					_____ / _____
					Positive Control _____
					Negative Control _____
CERTIFIED ANALYST / SUPERVISOR _____					DATE _____

**A COPY OF BFSLS-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.