

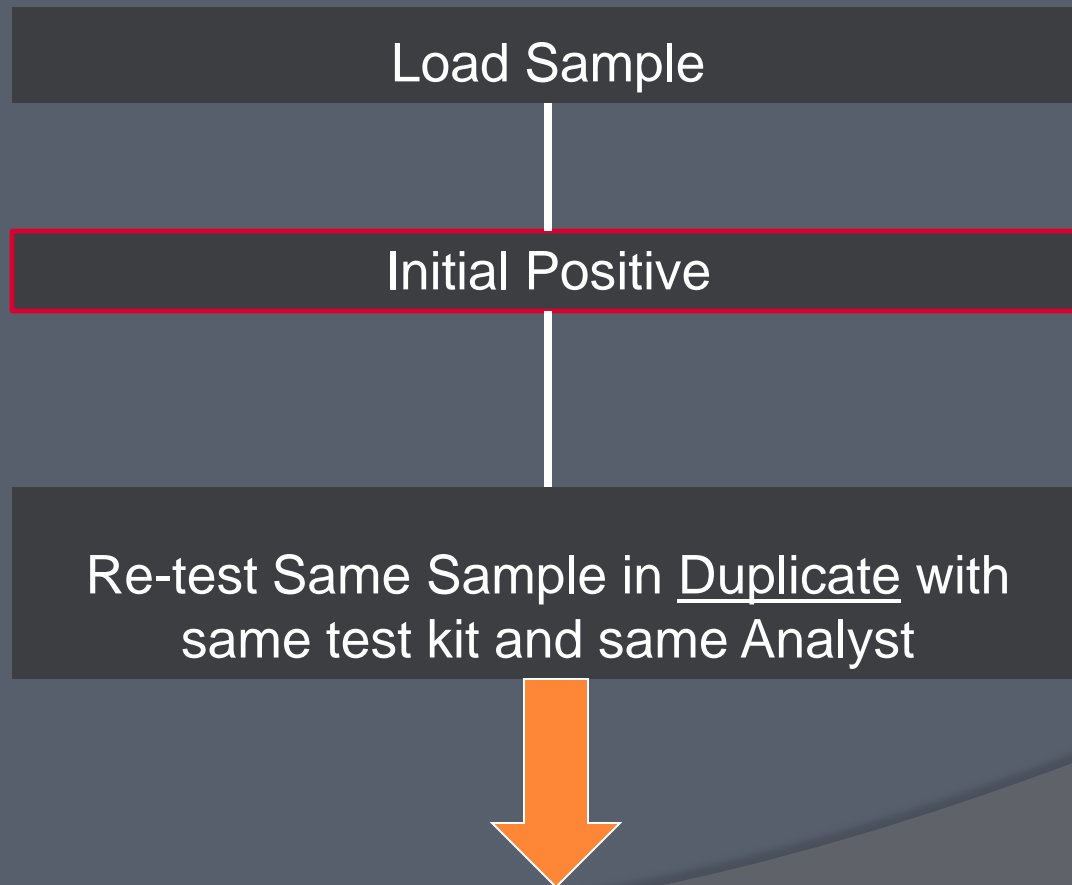
# APPENDIX N FLOW CHART

## A FOLLOW-UP ON POSITIVE TEST KIT RESULTS

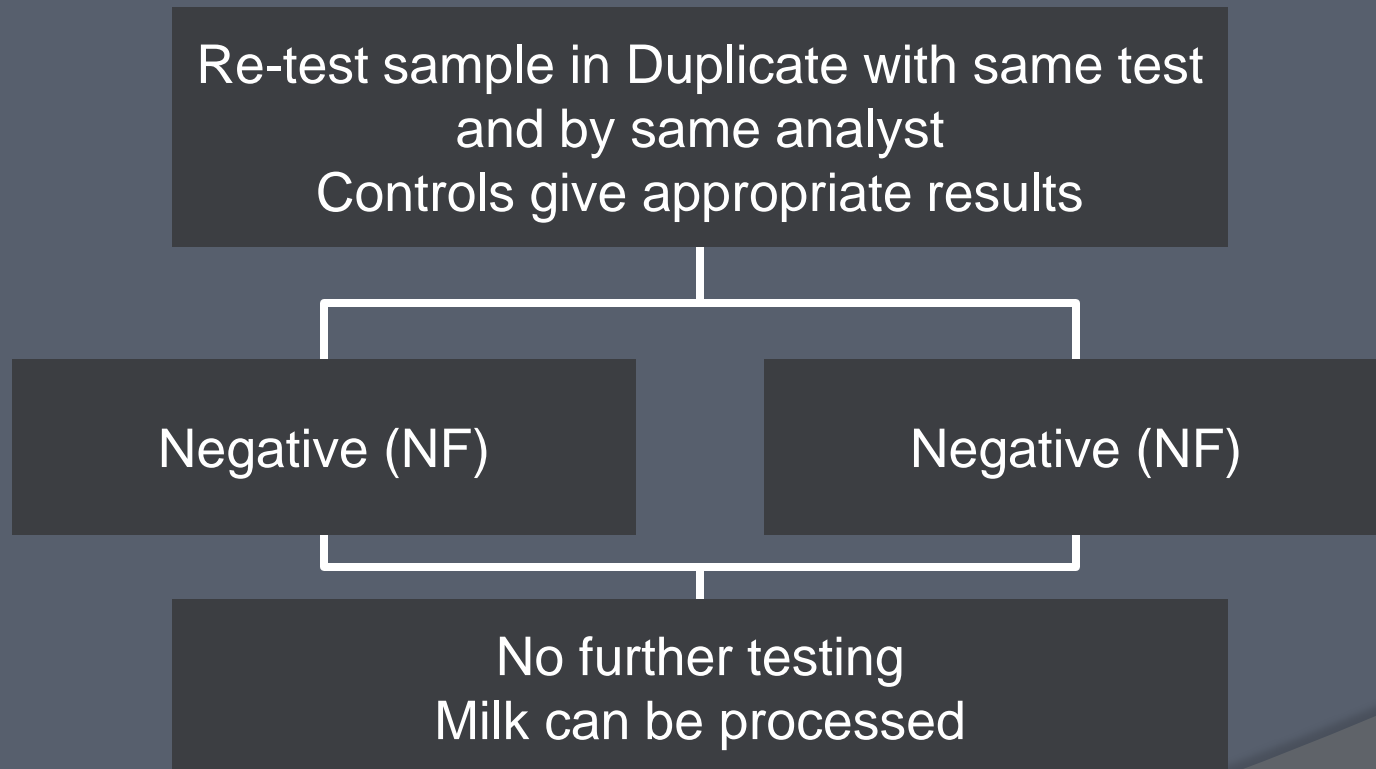
# Appendix N Flow Chart

- Testing to determine a presumptive positive can be performed by an approved industry analyst or by a certified “entity”.

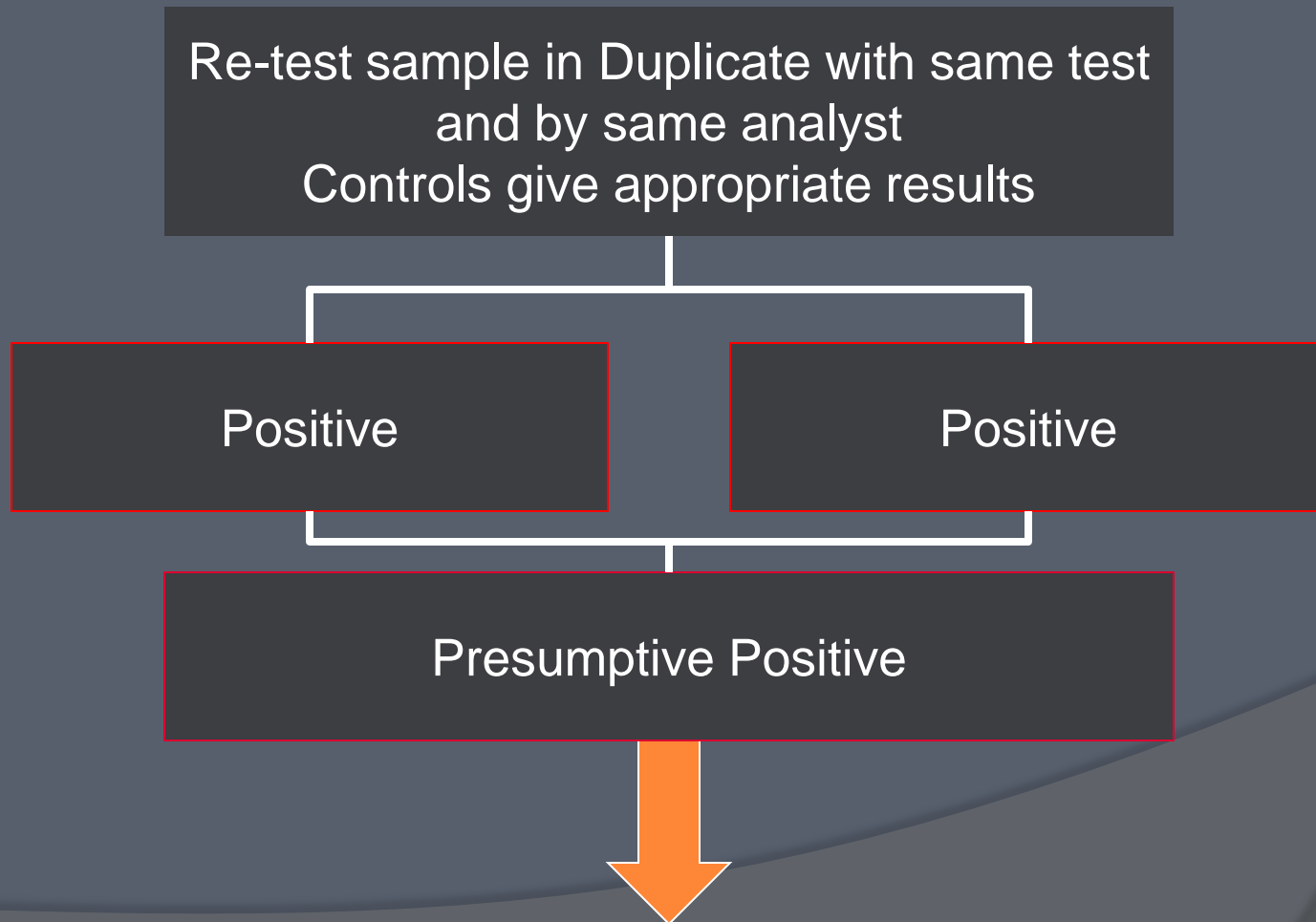
# Appendix N Flow Chart



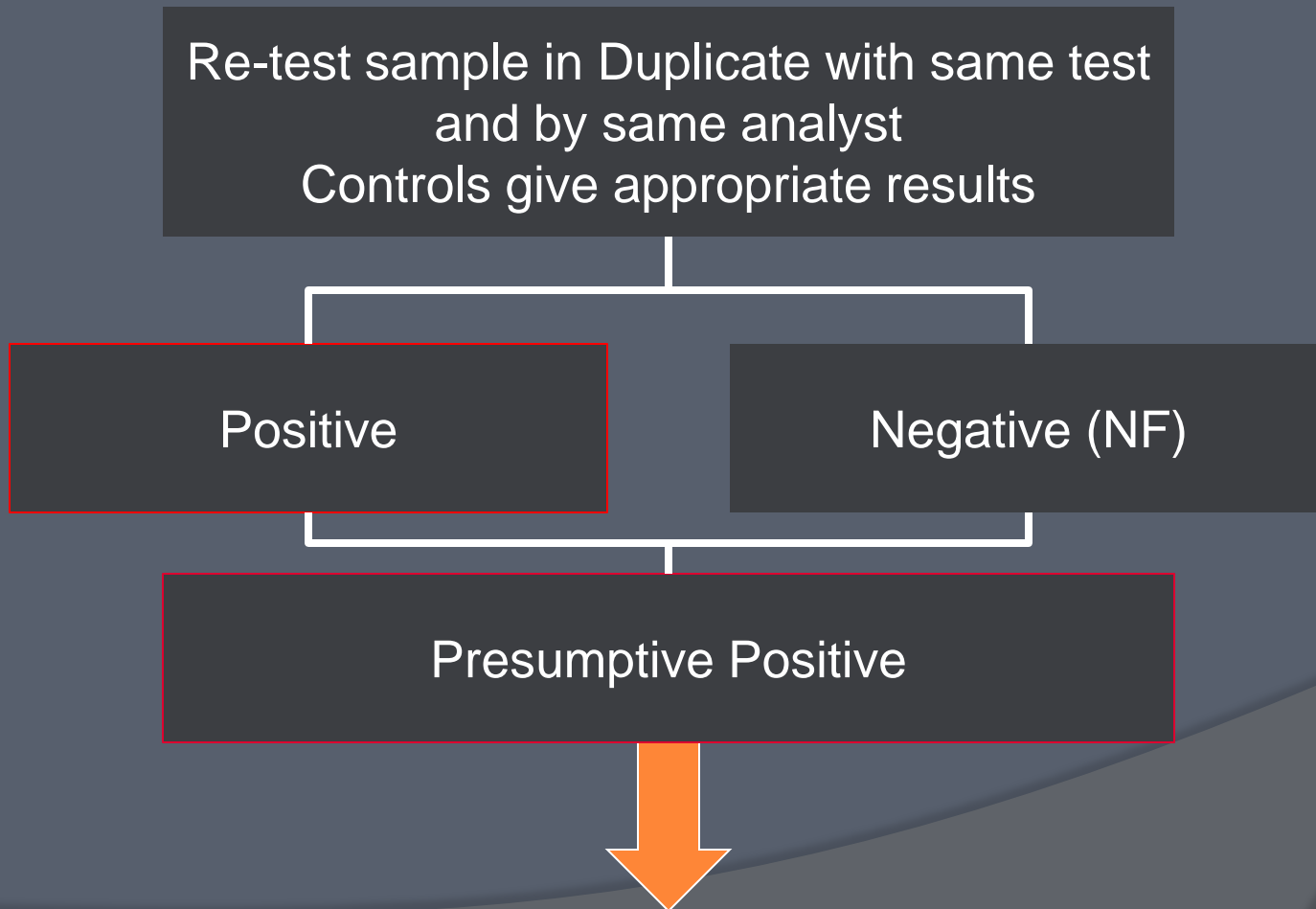
# Appendix N Flow Chart



# Appendix N Flow Chart



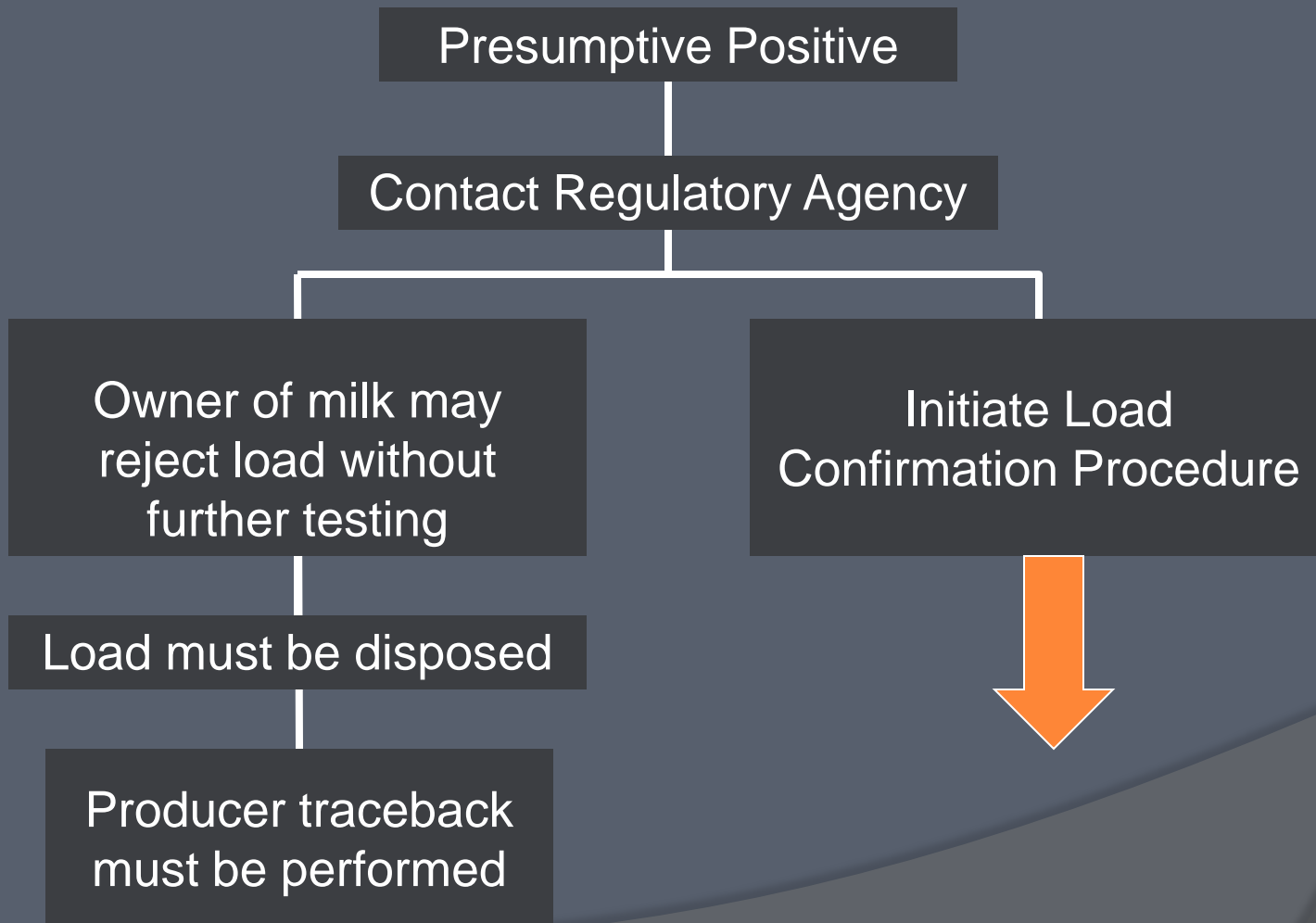
# Appendix N Flow Chart



# Appendix N Flow Chart

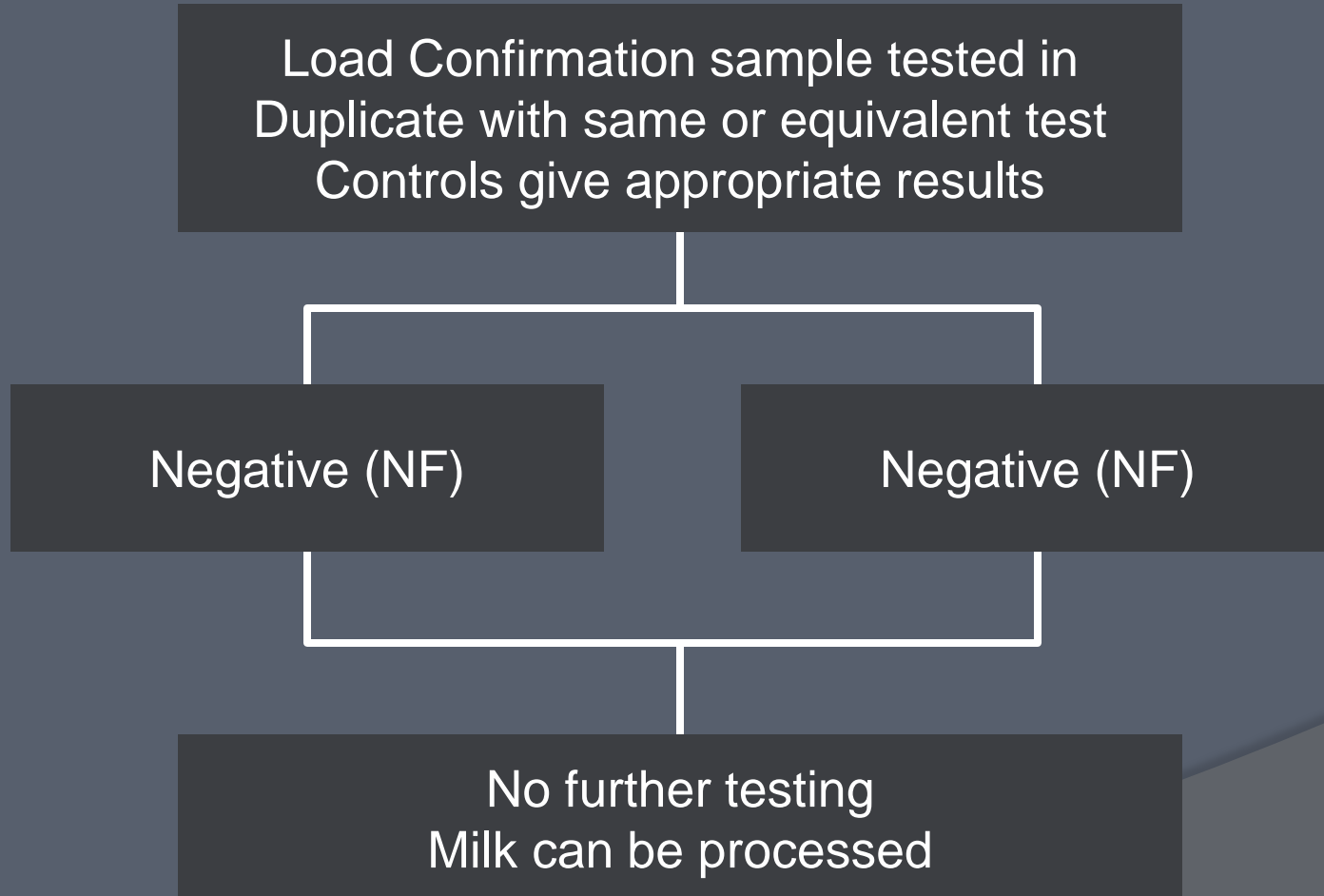
- After a presumptive positive result is determined , **All** testing from this point on must be by a Certified “entity” - meaning a CIS (Certified Industry Supervisor) facility, Milk Industry Laboratory , or Commercial Laboratory

# Appendix N Flow Chart



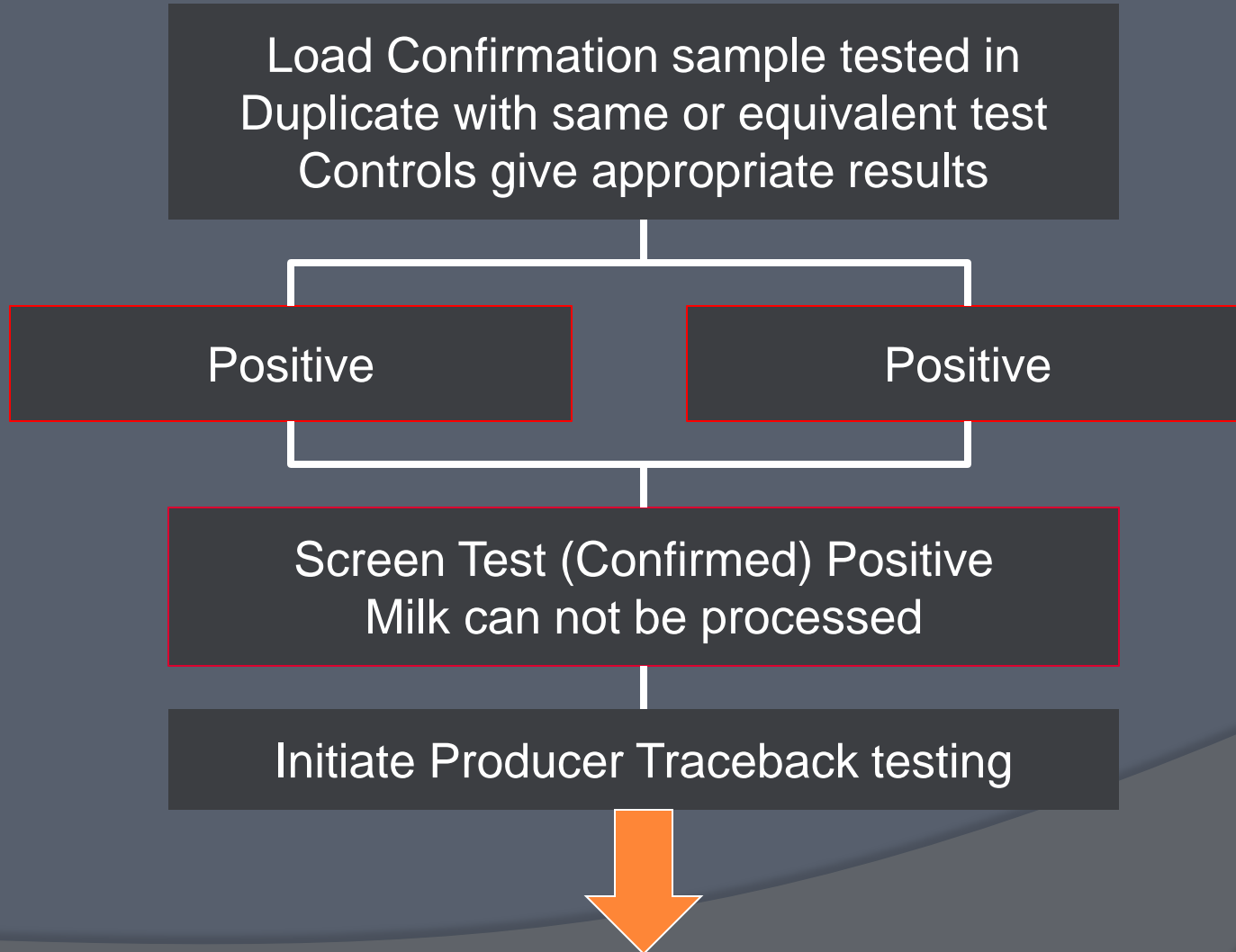


# Appendix N Flow Chart



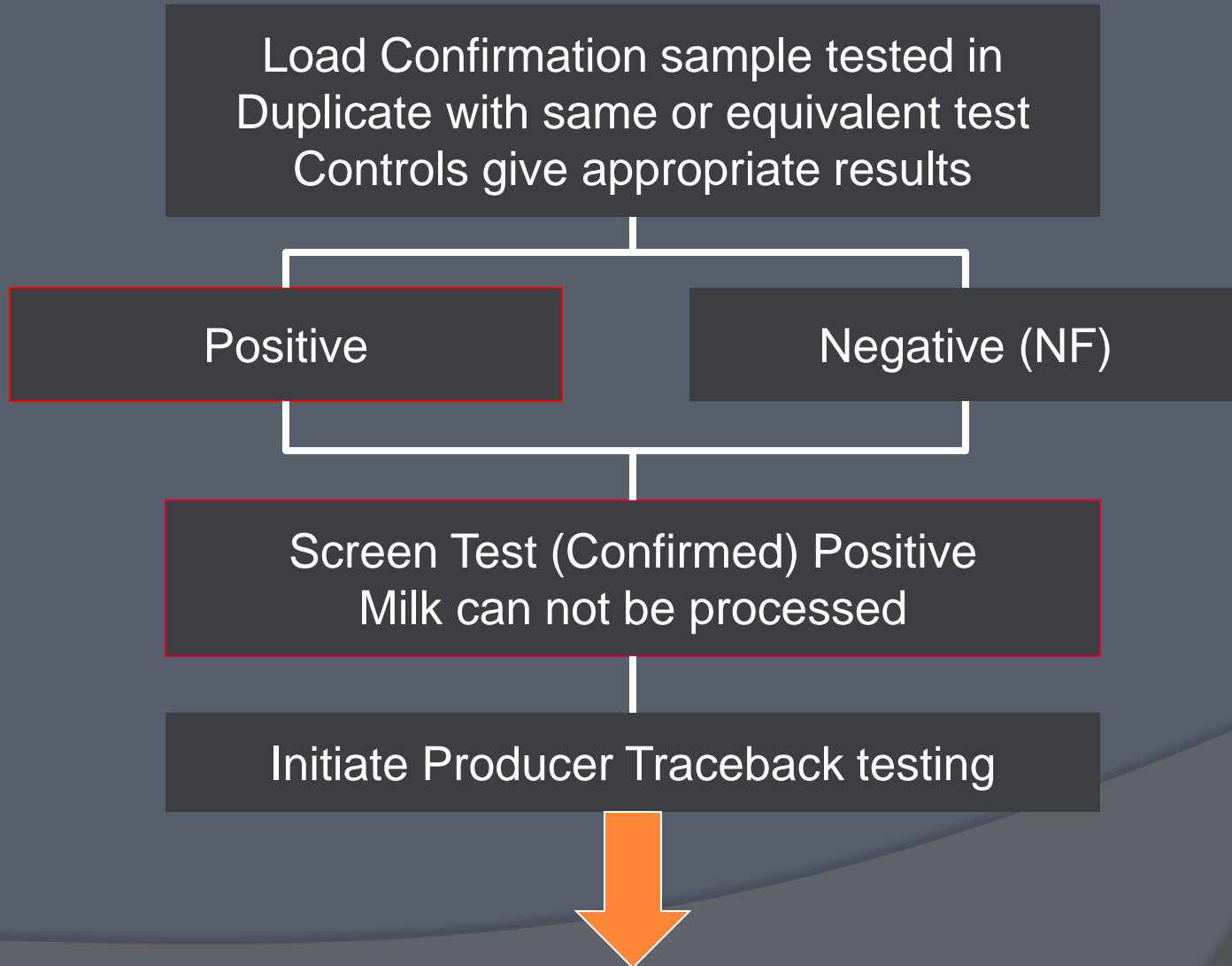
# Appendix N

## Flow Chart



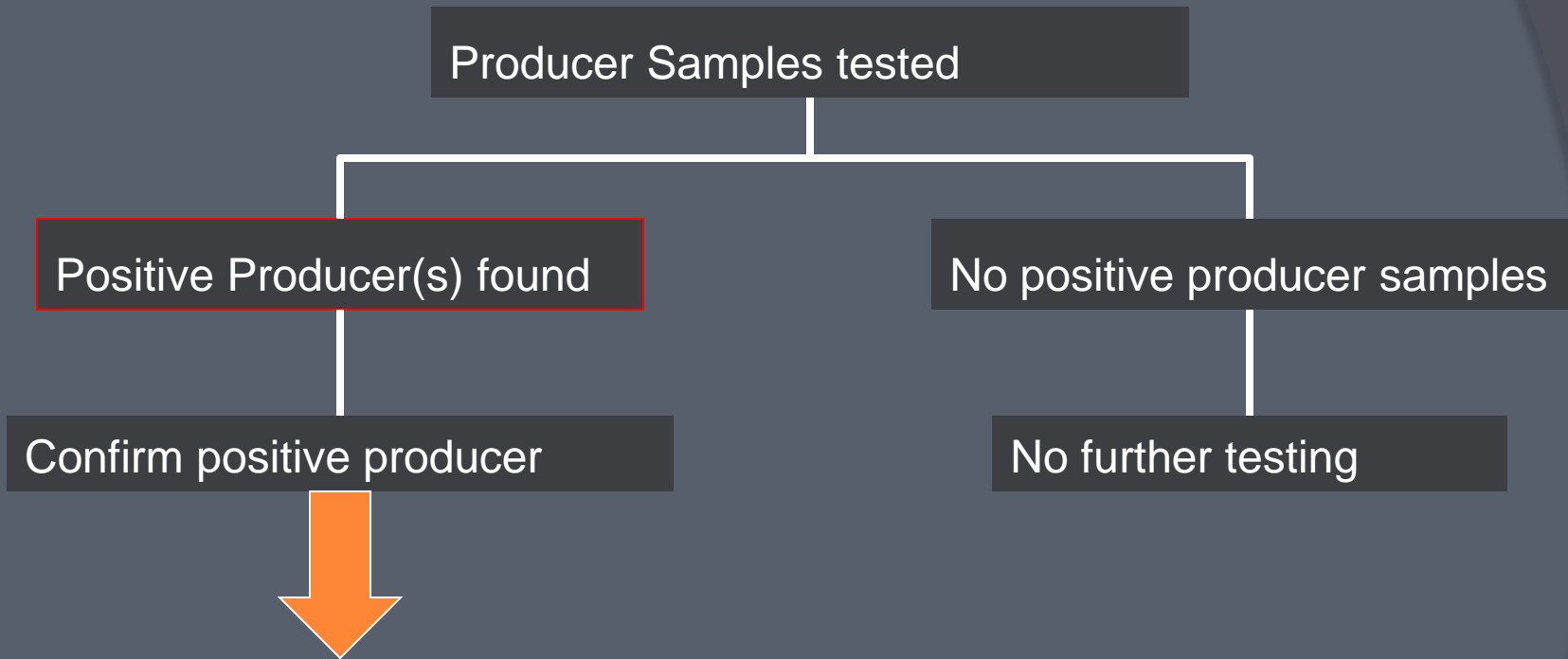
# Appendix N

## Flow Chart

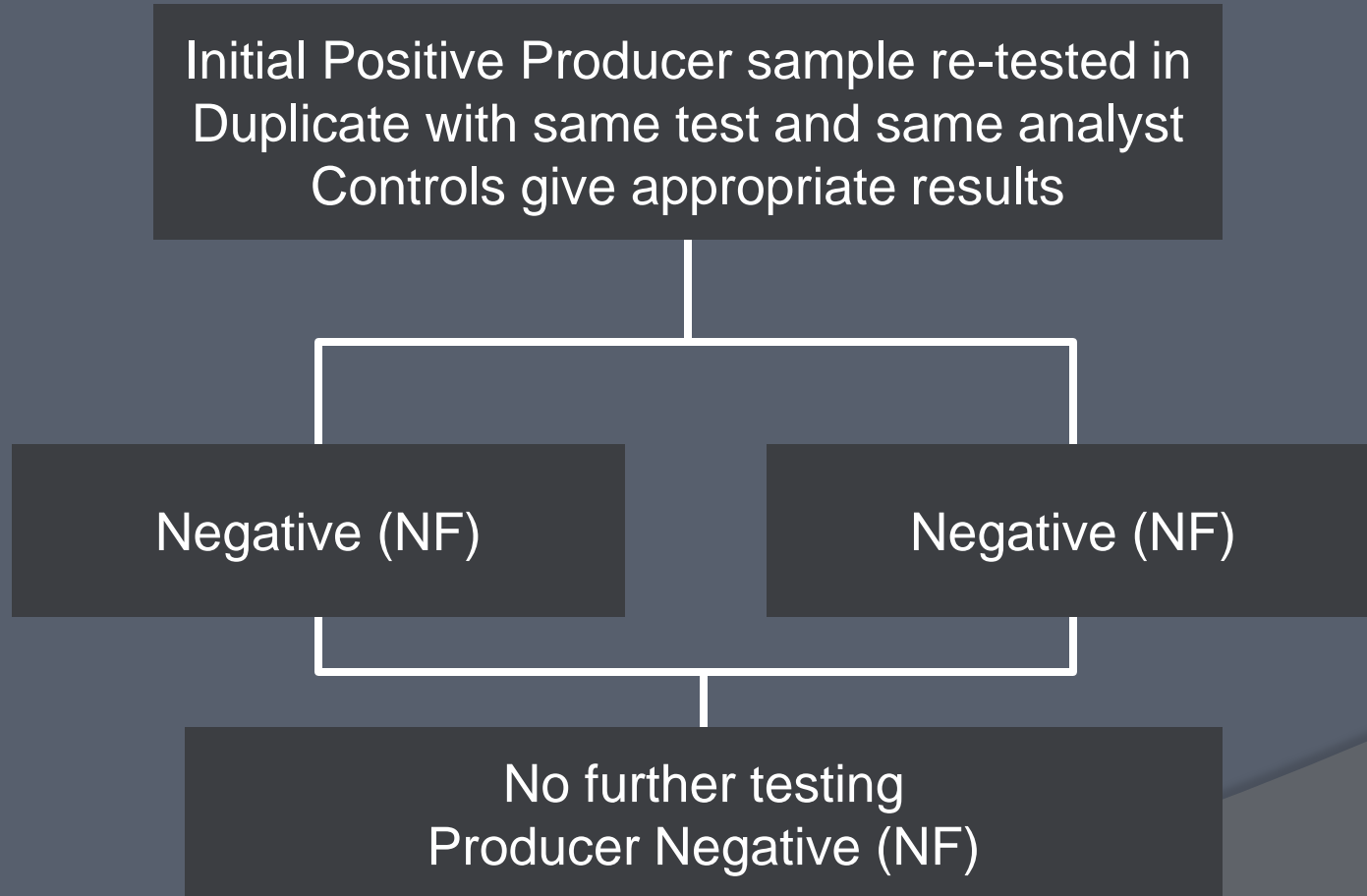


# Appendix N

## Flow Chart



# Appendix N Flow Chart



# Appendix N Flow Chart

Initial Positive Producer sample re-tested in Duplicate with same test and same analyst  
Controls give appropriate results

Positive

Positive

Producer Positive  
Appendix N violation  
Subject to Regulatory action

# Appendix N Flow Chart

Initial Positive Producer sample re-tested in Duplicate with same test and same analyst  
Controls give appropriate results

Positive

Negative (NF)

Producer Positive  
Appendix N violation  
Subject to Regulatory action

**APPENDIX N BULK MILK TANKER POSITIVE DRUG RESIDUE TEST REPORT**

Receiving Location <u>Brown Cow Dairy</u>		Collection of Sample Date <u>2/4/14</u> Time <u>9:45</u> am/pm Temp. <u>38</u> °F		Owner of Milk <u>Utter's Dairy</u> FIPS # <u>42-995</u>		Route # <u>18</u> Load # <u>168123</u>	
Milk Hauler <u>My-T-Trucks</u>		Rejection Information Positive compartment: Single _____ Front <u>X</u> Rear _____		Weight of Load <u>52,269</u>		Tanker License Plate # / State <u>PT-3698F</u>	
<b>INITIAL TEST RESULT</b>							
Date / Time <u>2/4/14</u> <u>9:56</u> am/pm		Test Method Used <u>IDEXX Snap</u>		Test Kit Lot # <u>KD159</u> Expiration Date <u>4/2/14</u>		Initial Result (number / interpretation) FRONT <u>6.58</u> / <u>POS</u> REAR <u>0.75</u> / <u>NF</u>	
Analyst I.D./ Initials <u>JT</u>							
<b>PRESUMPTIVE TEST RESULT**</b>							
Temperature <u>3.2</u> °C		Test Method Used <u>IDEXX Snap</u>		Test Kit Lot # <u>KD159</u> Expiration Date <u>4/2/14</u>		Presumptive Result <b>DUPLICATE</b> (number / interpretation) <u>5.95</u> / <u>POS</u> <u>6.12</u> / <u>POS</u>	
Analyst I.D./ Initials <u>JT</u>							
Printout: (enclosed) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Control Results Positive <u>3.59</u> Negative <u>0.72</u>		Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____		Department Notification: Phone _____ Fax _____ Email <u>X</u> Date <u>2/4/14</u> Time <u>10:30</u> am/pm Reported By: <u>JT</u> Who contacted <u>M. Hydock</u>	
Disposition of Load (secure initial test sample, secure tanker, attach weight slip) Seal numbers: <u>0134, 1121, 1139</u> Sent to: <u>Utter's Dairy for confirmation</u>						Received <input type="checkbox"/>	
Dumped / Diverted Where? _____ Analyst <u>J. Thompson</u> Supervisor <u>F. James</u> Date <u>2/4/14</u>						Condemned <input type="checkbox"/>	
						Rejected <input checked="" type="checkbox"/>	
Comments: _____							
<b>SCREENING TEST (CONFIRMATION) RESULTS</b>							
Date / Time Tested <u>2/4/14</u> <u>1:45</u> am/pm Temp. Control _____ °C		Test Method Used <u>Charm SL</u>		Test Kit Lot # <u>109</u> Expiration Date <u>5/2014</u>		Confirmation Results <b>DUPLICATE</b> (number / interpretation) <u>+2689</u> / <u>POS</u> <u>+2548</u> / <u>POS</u>	
Analyst I.D./ Initials <u>S. M</u>							
Confirmatory Location <u>Utter's Dairy</u>		Control Results Positive <u>+1659</u> Negative <u>-1452</u>		Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____		Department Notification: Phone _____ Fax <u>X</u> Email _____ Date <u>2/4/14</u> Time <u>3:00</u> am/pm Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>	
Disposition of Load (secure initial test sample, secure tanker, attach weight slip) Seal numbers: <u>899, 1574</u> Sent to: <u>A. Stoltzfus manure pit</u>						Received <input type="checkbox"/>	
Dumped / Diverted Where? <u>Ronks, PA</u>						Condemned <input checked="" type="checkbox"/>	
CERTIFIED ANALYST/SUPERVISOR <u>Sam Marshal / James Williams</u> DATE <u>2/4/14</u>							

\*\*SCREENING FACILITIES - A COPY OF THIS REPORT MUST ACCOMPANY THE TRUCK AND PRODUCER SAMPLES TO THE CONFIRMATION LOCATION, BE KEPT ON FILE AT THE SCREENING LOCATION, AND ALSO BE SENT TO THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE WITHIN 72 HOURS OF INITIAL TESTING.



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

Confirmatory Location <u>Utter's Dairy</u>		Collection of Sample Date <u>2 / 4 / 14</u> Time <u>9 : 45 am/pm</u> Temp. <u>2.6</u> °C		Owner of Milk <u>Utter's Dairy</u> FIPS # <u>42-995</u>		Route # <u>18</u> Load # <u>168123</u>	
Laboratory ID # <u>42-399</u>		Test Method(s) Used <u>Charm SL</u>		Test Kit Lot # <u>109</u>		Department Notification: Phone ___ Fax <input checked="" type="checkbox"/> Email ___ Date <u>2 / 4 / 14</u> Time <u>3 : 00 am/pm</u>	
Printout (enclosed): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Expiration Date <u>5/2014</u>		Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>	
<b>Comments:</b>							
Samples Received: Date: <u>2 / 4 / 14</u> Time: <u>1 : 30 am/pm</u> Temp.: <u>2.5</u> °C. Analyst Initials <u>SM</u>							
Samples Tested: Date: <u>2 / 4 / 14</u> Time: <u>2 : 00 am/pm</u> Temp.: <u>2.3</u> °C. Analyst Initials <u>SM</u>							
<b>PRODUCER TRACE-BACK INFORMATION TEST RESULTS</b>							
Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	Control Results		
<u>1</u>	<u>42-995</u>	<u>26995</u>	<u>-1459</u>	<u>NF</u>	Positive Control <u>+1699</u>		
<u>2</u>	<u>42-995</u>	<u>26845</u>	<u>-1589</u>	<u>NF</u>	Negative Control <u>-1544</u>		
<u>3</u>	<u>42-995</u>	<u>26541</u>	<u>+4239</u>	<u>POS</u>			
<u>4</u>	<u>42-995</u>	<u>26854</u>	<u>-1259</u>	<u>NF</u>			
<u>5</u>	<u>42-995</u>	<u>56771</u>	<u>-2095</u>	<u>NF</u>	<b>Charm II Control Point Results</b>		
					Control Point _____		
					Date Established _____		
					Positive _____ Negative _____		
					(Average) + _____ -- _____		
<b>Producer Confirmation</b>							
<b>Positive Producer(s)</b>							
<b>DUPLICATE RESULTS</b> (number / interpretation)							
					<u>+4369 / POS</u>		
					<u>+4254 / POS</u>		
					Positive Control <u>+1854</u>		
					Negative Control <u>-1584</u>		
CERTIFIED ANALYST / SUPERVISOR <u>Sam Marshal / James Williams</u> DATE <u>2/4/14</u>							

\*\*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.

Please email

QUESTIONS OR  
COMMENTS to  
[mhydock@pa.gov](mailto:mhydock@pa.gov)