

**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**

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

\*\*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.