



Dairy and Meat Inspection Division Phone: 651-201-6300 Fax: 651-201-6116 Email: Dairy.Results@state.mn.us

**Positive Drug Residue Report Form DR3 – PRODUCER MONTHLY QUALITY CONFIRMATION**

PASTEURIZED MILK ORDINANCE (PMO) - SECTION 6 AND APPENDIX N

Contact the farm's inspector and fax or email this form within 24 hours: 651-201-6116 or Dairy.Results@state.mn.us

Milk producer quality sample must be tested by an accredited laboratory

**Producer Information**

Name of Producer \_\_\_\_\_ Permit No. \_\_\_\_\_ BTU No. \_\_\_\_\_  
Date Sample Collected at Farm \_\_\_\_\_  
Date of Appendix N Load Screening Test \_\_\_\_\_ Test Kit Used \_\_\_\_\_ Test Results Positive NF  
Did the Milk Get Processed? Yes If Yes, Name of Plant \_\_\_\_\_  
No

**Laboratory Information**

Name of Certified Laboratory \_\_\_\_\_ Name of Certified Analyst \_\_\_\_\_

**Initial Producer Test**

Date of Test \_\_\_\_\_ Test Kit Used Delvo 5 pack Delvo P/SP Mini Other \_\_\_\_\_  
Test Value/Test Color \_\_\_\_\_ Positive NF

**Confirmation of Positive Producer Test**

Date of Test \_\_\_\_\_ Test Kit Used Delvo 5 pack Delvo P/SP Mini Other \_\_\_\_\_  
Duplicate #1 Test Value/Test Color \_\_\_\_\_ Positive NF  
Duplicate #2 Test Value/Test Color \_\_\_\_\_ Positive NF

If one or both of the duplicates test positive: Contact Field Representative immediately for farm follow up. Future pickup of the producer's milk is suspended until subsequent testing establishes the milk is no longer positive for drug residues

Confirmation procedure must follow appropriate FDA/CIMS 2400 Series forms

**Comments**