



MONTHLY SUMMARY APPENDIX N DRUG SCREENING

State Form 50913 (R / 7-22)
INDIANA STATE BOARD OF ANIMAL HEALTH

Plant or Testing Site:
Month and Year:
Number of Bulk Trucks Received:
Number of Bulk Trucks Positive:
Pounds of Milk Disposed of Due to Drug Residues:

<u>Positive Loads</u>			
Date	Load ID	BTU Number	Drug

MONTHLY PRODUCER DRUG TESTING (Section 6 of Testing)
Total Number of Producers Tested:
Total Number of Producers Found Positive:

This form is to be completed and sent along with the daily Tanker Testing Log sheets by the 15th of each month to the Indiana State Board of Animal Health, Dairy Program, Discovery Hall, Suite 100, 1202 East 38th Street, Indianapolis, IN 46205 or fax to 317-974-2011, or by e-mail to dairyleo@boah.in.gov.