F-fd-49 (Rev. 10/17)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Food and Recreational Safety
718 W. Clairemont Ave., Ste. 128, Eau Claire, WI 54701
Phone: (715) 839-3844 Fax: (715) 839-3867

POSITIVE DRUG RESIDUE REPORT FORM

Wis. Stat. §§ 97.22 and 97.20

REPORT LOADS OF MILK CONTAINING DRUG RESIDUE ON THIS FORM

Complete the information in sections I and II immediately (within 2 hours) and provide this information to the Department's Division of Food and Recreational Safety by telephone, fax or e-mail. Then, complete the rest of the form and submit within 3 business days to: WDATCP, Division of Food and Recreational Safety, 718 W. Clairemont Ave., Ste. 128, Eau Claire, WI 54701. Retain a copy for your records.

HOT LINE NUMBER: (800) 462-5243 **FAX NUMBER:** (715) 839-3867 **E-MAIL:** datcpdairylabs@wisconsin.gov

I. LOAD IDENTIFICATION

RECEIVING PLANT:				PLANT NUMBER:	
PLANT ADDRESS/LOCATION:			CITY:	STATE:	ZIP:
TANKER LICENSE NUMBER:	WEIGHT OF LOAD:	LOAD NUMBER:	NAME OF HAULER:		
ORIGINATING PLANT NAME (if different from receiving plant):				PLANT NUMBER:	

II. LOAD SCREENING TEST INFORMATION

DATE LOAD SCREENED POSITIVE:	TIME: ☐ AM ☐ PM	TEST METHOD:	TEST KIT LOT #:
SCREENED POSITIVE FOR: ☐ BETA LACTAMS ☐ TETRACYCLINES	DATE POSITIVE RESULT PHONED, FAXED, EMAILED TO DATCP:		TIME: ☐ AM ☐ PM
NAME OF PERSON REPORTING:			PHONE NUMBER:

III. LOAD CONFIRMATION TEST

TESTING SITE:	SAMPLE RECEIVED: DATE: TIME: ☐ AM ☐ PM TEMP:	TEST STARTED: DATE: TIME: ☐ AM ☐ PM TEMP:	
TEST METHOD:	TEST KIT LOT #:	TEST RESULT #1: ☐ **POS** ☐ **NF**	TEST RESULT #2: ☐ **POS** ☐ **NF**
CERTIFIED WI LAB LICENSE #: **105 -**	NAME OF CERTIFIED INDIVIDUAL:	CERTIFIED LAB ANALYST LICENSE #:	

IV. DISPOSITION OF MILK

☐ DUMPED** ☐ USED IN PROCESSING ☐ LOAD REJECTED & RETURNED TO SELLER**

****Complete Tanker Disposal Report Form and maintain on file.**

NAME OF SELLER CONTACT PERSON - Reporting plant must notify supplying plant IMMEDIATELY. (ONLY FOR LOAD REJECTED):	DESTINATION STATE:

V. POSITIVE PRODUCER SAMPLE & TEST DATA

PLANT # - PATRON #:	PRODUCER NAME:	PRODUCER GRADE: ☐ A ☐ B	DIRECT SHIPPER: ☐ YES ☐ NO
SAMPLE COLLECTION: DATE: TIME: ☐ AM ☐ PM TEMP:		SAMPLE COLLECTED BY - BMWS NAME & LICENSE #:	
TEST STARTED: DATE: TIME: ☐ AM ☐ PM	TEST METHOD:	TEST KIT LOT #:	TEST RESULT #1: ☐ **POS** ☐ **NF** / TEST RESULT #2: ☐ **POS** ☐ **NF**
CERTIFIED WI LAB LICENSE #: **105 -**		CERTIFIED LAB ANALYST LICENSE #:	

VI. NEGATIVE RECHECK/RESUME SHIPPING

SAMPLE COLLECTION: DATE: TIME: ☐ AM ☐ PM TEMP:		SAMPLE COLLECTED BY – BMWS NAME & LICENSE #:	
TEST STARTED: DATE: TIME: ☐ AM ☐ PM	TEST METHOD:	TEST KIT LOT #:	TEST RESULT: ☐ **NF**
CERTIFIED WI LAB LICENSE #: **105 -**		CERTIFIED LAB ANALYST LICENSE #:	

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POSITIVE DRUG RESIDUE REPORT FORM

INSTRUCTIONS

All tanker loads of milk, including direct ship tankers from single producers, received by a dairy plant shall be tested for drug residue. If the screening site gets a positive test result on the first test of the load, the screening site must test the same sample, in duplicate, with positive and negative controls.

All positive test results, including direct ship tankers from single producers, must be reported to the Department using this form.

All confirmed positive tankers must be disposed of properly. The disposal is the responsibility of the dairy plant.

1. The information in Sections I and II must be completed IMMEDIATELY (within 2 hours) and this information is reported to the Division of Food and Recreational Safety.

   By Telephone: **1-800-462-5243**
   By FAX: **1-715-839-3867**
   By E-mail: **datcpdairylabs@wisconsin.gov**

2. The dairy plant screening the load positive is responsible for assuring that the confirmation testing is done on the load and all patron samples for that load are tested. Complete the remainder of the form as follows:

   A. If load confirms NEGATIVE, complete Sections III and IV.
   Sections V and VI apply if there was a positive producer.

   B. If load confirms POSITIVE, complete entire form, including Sections V and VI.
   Provide all the information needed for lab results on the individual producer.
   No other paperwork on the producer (s) is necessary.

Mail, fax or e-mail the completed form within 3 business days to:
WDATCP - DFRS
718 W Clairemont Ave. Suite 128
Eau Claire, WI 54701

**Retain a copy of form and the Tanker Milk Disposal Report for your records