2026
WISCONSIN MILK PROFICIENCY TESTING
DRUG RESIDUE TEST RESULT FORM

BUREAU OF LABORATORY SERVICES

OPEN AND COMPLETE THIS FORM IN ADOBE ACROBAT OR READER. DO NOT FILL THIS FORM USING A WEB BROWSER.
For more instructions on using this form on Adobe Acrobat, download the Proficiency Testing Forms Instruction here.

GENERAL INSTRUCTIONS

Complete this form for each analyst participating in the Wisconsin Milk Proficiency Drug Residue Test. Indicate the test method used and enter results as directed for each section following the current NCIMS 2400 series. Sections marked as 'Not Performed' will NOT be evaluated. If a sample was not tested, select 'Not Tested' from the drop down list corresponding to the sample number. Indicate reason as to why it was not tested in the comments section located on the last page. Additional copies of this form should be submitted in instances where the analyst has performed more tests than can be entered. Keep copies of this form for your files.

Submit results by **April 10, 2026** via the 'E-mail Results' button on the last page of this form. If you have any questions, please contact datcpblsproficiencytesting@wisconsin.gov, Tom Scheinoha at (608) 224-4831 or Jay Lee at (608) 224-4898.

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SECTION A: Analyst & Sample Receipt Information

* Facility Name:

* City: * State:

* Analyst First Name: Middle: * Last Name:

Temperature of sample 23 (TC) upon receipt:

Samples frozen upon receipt (list sample numbers):

Temperature of sample 23 (TC) during analysis:

Date analysis started:

Wisconsin Department of Agriculture, Trade and Consumers Protection - Bureau of Laboratory Services
E-mail: datcpblsproficiencytesting@wisconsin.gov, Telephone: (608) 224-4831
Web: https://datcp.wi.gov/pages/programs_services/milkproficiencytestingprogram.aspx
Submit results by **04/10/2026**

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SECTION B: Reader/Printer Drug Residue Tests

Raw Milk - Drug Residue Testing

Instructions: Indicate test method (only submit one method per entry selection). If the method is not listed, select 'Other' and specify the method used. Record the numerical result in the first column, including (+) and (-) signs. Interpretations will be considered incorrect if numerical results are missing the (+) and (-) signs.

Indicate test kit used: If other please specify:

Sample No.	Numerical Result	Interpretation
15		
16		
17		
18		
19		
20		
21		
22		
Positive Control		
Negative Control		
Control Point *(Charm II only)*		

Interpretation Codes: *(Confirmation is not necessary for residue testing)*

NF = Not Found   **Positive** = Positive for Inhibitor

Additional Drug Residue Entry

Indicate test kit used: If other please specify:

Sample No.	Numerical Result	Interpretation
15		
16		
17		
18		
19		
20		
21		
22		
Positive Control		
Negative Control		
Control Point *(Charm II only)*		

Interpretation Codes: *(Confirmation is not necessary for residue testing)*

NF = Not Found   **Positive** = Positive for Inhibitor

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Additional Drug Residue Entry

Indicate test kit used: If other please specify:

Sample No.	Numerical Result	Interpretation
15		
16		
17		
18		
19		
20		
21		
22		

Positive Control

Negative Control

Control Point *(Charm II only)*

Interpretation Codes: *(Confirmation is not necessary for residue testing)*

NF = Not Found   **Positive** = Positive for Inhibitor

Additional Drug Residue Entry

Indicate test kit used: If other please specify:

Sample No.	Numerical Result	Interpretation
15		
16		
17		
18		
19		
20		
21		
22		

Positive Control

Negative Control

Control Point *(Charm II only)*

Interpretation Codes: *(Confirmation is not necessary for residue testing)*

NF = Not Found   **Positive** = Positive for Inhibitor

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Raw Milk - Delvo 5 Pak/Delvo P Mini

Instructions: Indicate test method. Enter unheated and heated milk color reactions for all samples and controls. If beta lactamase was not used, base interpretation on the heated milk reaction. See below for interpretation codes.

Indicate method used: Delvo 5 Pak   Delvo P mini   Not Performed

Sample No.	Unheated Milk Color Reaction	Heated Milk Color Reaction	Beta Lactam Color Reaction	Interpretation
15				
16				
17				
18				
19				
20				
21				
22				
Positive Control				
Negative Control				

Interpretation Codes:

Based on Color Reaction (Screen only Facility)	Based on Heated Milk Result (Certified Labs)	Based on optional use of Beta Lactamase (Certified Labs)
NF = Not Found	**NF** = Not Found	**NF** = Not Found
Positive = Positive for Inhibitor	**Positive** = Positive for Inhibitor	**BL** = Positive for beta lactam
		NBL = Positive for non beta lactam Inhibitor

Lab Requirements:

Screen only Facility: complete unheated milk test and interpretation column

Certified Labs: complete unheated milk, heated milk, and interpretation column (beta lactamase testing is optional)

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Raw Milk - Charm Disk Assay (CDA)

Instructions: Enter unheated and heated milk zone sizes (in millimeters) for all samples and controls. If no zone was observed, enter 'No Zone'. If beta lactamase was not used, base interpretation on the heat milk reaction. See below for interpretations codes.

Indicate method used: Performed   Not Performed

Sample No.	Unheated Milk Zone Size	Heated Milk Zone Size	Beta Lactam Zone Size	Interpretation
15				
16				
17				
18				
19				
20				
21				
22				
Positive Control				
Negative Control				

Interpretation Codes:

Based on Heated Milk Result	**Based on Optional use of Beta Lactamase**
NF = Not Found	**NF** = Not Found
Positive = Positive for Inhibitor (actionable) zone size ≥ 16.0 nm	**BL** = Positive for beta lactam (actionable) zone size ≥ 16.0 nm
+BAL = Positive for inhibitor (below actionable level) zone size <16.0 nm	**NBL** = Positive for non beta lactam (actionable) zone size ≥16.0 nm
	BL + NBL = Positive for beta lactam and non beta lactam (actionable) zone size ≥ 16.0 nm
	+BAL = Positive for inhibitor (below actionable level) size <16.0 nm

Comments (optional)

Submit results by pressing the **E-mail Results** button. An e-mail addressed to us will automatically generate with a subject line, body message, and this result form as an attachment.

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