



**WISCONSIN MILK PROFICIENCY TESTING  
QUALITY & SOMATIC CELL TEST RESULT FORM**

**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 Instructions [here](#).

**GENERAL INSTRUCTIONS**

Complete this form for each analyst participating in the Wisconsin Milk Proficiency Quality Test. Indicate the test method used and enter results as directed for each section following the current FDA 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 or check box 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 5, 2024** via the 'E-mail Results' button on the last page of this form. If you have any questions, please contact [datcpblsproficiencytesting@wisconsin.gov](mailto:datcpblsproficiencytesting@wisconsin.gov), Tom Scheinoha at (608) 224-4831, Jay Lee at (608) 224-4898, or Dora Rodgers at (608) 224-4825.

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    Electronic Somatic Cell Count (ESCC)

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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):

**SECTION B: Aerobic Count**

**Pasteurized Milk - Aerobic Count (SPC, PAC, etc.)**

**Instructions:** Indicate test method. If the method is not listed, select 'Other' and specify the method used. If counts on the 1:100 dilution is >250 and counts on the 1:1000 is 25–250, the 1:100 count may be reported as TNTC (too numerous to count). If neither count is within the 25–250 range, report the count closest to 250.

Indicate method used:

If other please specify:

Sample No.	Colonies/plate or film 1:100 dilution	Colonies/plate or film 1:1000 dilution	CFU/mL
1			
2			
3			
4			
5			
6			
7			
8			

**Raw Milk - Aerobic Count (SPC, PAC, etc.)**

Indicate method used:

If other please specify:

Sample No.	Colonies/plate or film 1:100 dilution	Colonies/plate or film 1:1000 dilution	CFU/mL
9			
10			
11			
12			
13			
14			

**Raw Milk - Plate Loop Count (PLC)**

**Instructions:** Indicate test method. In order to be certified for PLC, analysts must perform and report SPC, PAC, or RAC results for samples 9–14. Please report actual counts even for values less than 25. Calculate results for all samples. Do not use <25,000/mL or >250,000/mL to report PLC counts.

Indicate method used:

If other please specify:

Sample No.	Colonies/plate or film	PLC/mL
9		
10		
11		
12		
13		
14		

**SECTION C: Coliform Count**

**Instructions:** Indicate test method. If the method is not listed, select 'Other' and specify the method used. When confirming colonies from VRB agar, indicate the number of tubes inoculated and the number of tubes positive with Brilliant Green Lactose Bile Broth (BGLBB).

Indicate method used:

If other please specify:

Sample No.	Coliform colonies counted (total)	Confirmation (VRB only)		Total Coliform/mL	Not Tested
		No. of Inoculated BGLBB	No. of Positive BGLBB		
1					
2					
3					
4					
5					
6					
7					
8					

**SECTION D: Alkaline Phosphatase**

**Pasteurized Milk - Phosphatase Activity**

**Instructions:** Indicate test method (only submit one method). If the method is not listed, select 'Other' and specify the method used. Report numerical values and the interpretation of the instrument values. See below for interpretation codes.

Indicate method used:

If other please specify:

Sample No.	mU/L	Test Interpretation
1		
2		
3		
4		
5		
6		
7		
8		

Positive Control

Negative Control

**Interpretation Codes:**

**NF** = Not Found

**Suspect Positive** = Suspect Positive for Phosphatase

**SECTION E: Somatic Cell Count**

**Electronic Somatic Cell Count (ESCC)**

**Instructions:** Enter the instrument reading in the first column. Enter the final somatic cell count in the second column (reading x 1000 and rounded according to FDA 2400). If the final somatic cell count is <100000, report the actual calculated value.

	Performed	Not Performed	Instrument (optional):
Sample No.	Instrument Reading		Somatic Cells/mL
24			
25			
26			
27			
28			
29			
30			
31			

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**Direct Microscopic Somatic Cell Count (DMSCC)**

**Instructions:** Enter the number of cells counted in the first column. Enter the final somatic cell count in the second column (cell count x strip factor and rounded according to FDA 2400). If the final somatic cell count is <100000, report the actual calculated value.

	Performed	Not Performed	
Sample No.	Number of Cells		Somatic Cells/mL
24			
25			
26			
27			
28			
29			
30			
31			

Strip Factor

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**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.