



2024 WISCONSIN MILK PROFICIENCY TESTING SET ORDER 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, [click here](#).

INSTRUCTIONS

Complete all fields indicated with an asterisk (*) This form must be submitted to the Wisconsin Department of Agriculture, Trade and Consumer Protections by **January 31**, 2024.

CUSTOMER INFORMATION

* Facility Name:

* Contact First Name: Middle: * Last:

* Address 1:
Address 2:

* City: * State: * Zip:

* Phone: Ext: * Email:

IMS# (Drug Residue Lab): IMS# (Full Service Lab):

SET ORDER

* Drug Residue Sets (Small): * Quality Sets (Large): **NEW!** Somatic Cells Sets:

If certification is needed for the following, please check the corresponding box: Tetracycline
Sulfonamides

SHIPPING METHOD

FREE shipping when UPS Ground is selected (applies to in-state customers only). Alternative shipping methods may be requested but at the customer's expense. Please provide UPS or FedEx account numbers for alternative shipping methods.

* Shipping Method: Acct#:

BILLING INFORMATION

* Is the billing information the same as the contact information? Yes No (If No, complete billing info below)

Billing First Name: Middle: Last:

Billing Address 1:

Billing Address 2:

Billing City: State: Zip:

Purchase Order#, if needed:

Submit completed form via E-mail Form button or download this form and e-mail it to us!
If you have any questions or need additional information, please contact us at:

E-mail: datcpblsproficiencytesting@wisconsin.gov

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