

### NATIONAL MILK DRUG RESIDUE DATABASE REPORTING FORM

**1. State:** \_\_\_\_\_ **2. Grade A** \_\_\_\_\_ **(Yes/No)** **3. Sampled By:** \_\_\_\_\_  
**4. Source of Samples:** \_\_\_\_\_ **5. Reporting Period:** \_\_\_\_\_  
**6. Total Samples Analyzed:** \_\_\_\_\_  
**7. Number of Positive Loads or Lots:** \_\_\_\_\_  
**8. Pounds of Positive Milk (000's)** \_\_\_\_\_  
**9. Disposition in Compliance with PMO/State Regulations (Yes/No)** \_\_\_\_\_  
**10. Contact Person and Organization:** \_\_\_\_\_  
**11. Telephone Number:** \_\_\_\_\_  
**12. Remarks:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Test Results (enter as many rows as needed)

Test Code	Number of Tests	Number Positive
<b>TOTALS</b>		

Full Instructions/definitions follow

## NATIONAL MILK DRUG RESIDUE DATABASE INSTRUCTIONS FOR SUBMITTING DATA

The following are revised instructions for industry participants and Regulatory agencies use in submitting data for the National Milk Drug Residue Database Program via the web-based reporting application or the manual form.

<b>Form Item</b>	<b>Field description/definition/options</b>
1. State	This field will be used by the regulatory agency. It will contain the standard Numerical Code for each Regulatory Agency. Enter your 2 character state abbreviation.
2. Grade A	If the sample was Grade A, enter <b>Y</b> . If it was not Grade A, enter <b>N</b> .
3. Sampled By	If the sample was taken by Industry, enter <b>IND</b> . If it was taken by the regulatory Agency, enter <b>REG</b> . If the sample was taken by a certified industry representative to satisfy a state's regulatory program, enter <b>REG</b> .
4. Source of Samples	Report the source of the samples by entering the appropriate code from the following four categories: <i>Source Code</i> <b>BMP</b> Bulk Milk Pickup Tanker and/or Raw Milk Supply that has not been transported in a Bulk Milk Pickup Tanker – bulk raw milk from a dairy farm. <b>PFM</b> Pasteurized Fluid Milk and Milk Products – after pasteurization; finished product in package form or bulk. This includes milk products such as milk and cream. <b>PS</b> Producer - raw milk obtained from the bulk tank/silo from a dairy farm. <b>OTH</b> Other - Milk from milk plant tank/silos, milk transport tankers, etc.  Note: Producer Samples should be reported by the permitting State, rather than by the analyzing State.
5. Reporting Period	Enter the date (month and year) in which the testing was done.
6. Total Samples Analyzed	Enter the total number of samples that were analyzed.  <i>Note 1: Duplicate reporting is to be avoided. Report only one positive per incident. For example, if a bulk milk pickup tanker is positive and trace back to the farm identifies one or more positives, report only the bulk milk pickup sample positive to the database program. Individual producer sample</i>

Form Item	Field description/definition/options
	<p><i>results are to be reported when they reflect the regular sampling program for producers and when they are taken as follow-up to a tanker found to contain residues below the tolerance or safe levels.</i></p> <p><i>Note 2: If additional analyses are done after a positive result has been reported, report these under the remarks section. Do not add these results to the total number of samples analyzed because the positive result already has been counted.</i></p> <p><i>Note 3: The total number of samples analyzed often will be lower than the number of tests because some samples are tested for more than one residue. It is important that the number you report represents the number of samples as that term is defined, that is, the number of loads, lots, silos, producers, etc., rather than the number of tests performed.</i></p>
7. Number of Positive Loads of Lots	Enter the number of tankers or lots of milk reported as positive.
8. Pounds of Positive Milk (000)	Enter the pounds of milk positive reported in item 7. Round this number to the nearest thousand and <b>exclude the last three zeros</b> . For example, enter 50 for a 50,000 pound tanker load. Pounds of producer milk disposed prior to acceptance or delivery need not be entered.
9. Disposition in Compliance with PMO State Regulations?	Enter <b>Y</b> for <b>Yes</b> if the milk was disposed of in compliance with the PMO or State Regulations. Enter <b>N</b> for <b>No</b> if the milk is disposed of in any other way and explain why in the Remarks Section.
10. Contact Person and Organization	Enter the name of a contact person and your organization should there be any questions when your form is received/ reviewed.
11. Telephone Number	Enter the telephone number of the contact person.
12. Remarks	Enter any necessary information here needed to supplement this report.
Test Results	<p><b>Test Code</b> Enter the Test Code from the Drug Code List. Note: If you enter a test code, you must enter data for the number of tests and the number positive.</p> <p><b>Number of Tests</b> Enter the number of tests.</p> <p><b>Number Positive</b> Enter the number of tests which were positive.</p>