



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**FEED COLLECTION / ANALYSIS REPORT
DRUGS / ANTIBIOTICS**

Submit Results to:
Florida Department of Agriculture
and Consumer Services
Feed Section
3125 Conner Blvd., Bldg. 7, L7
Tallahassee, FL 32399-1650

**ADAM H. PUTNAM
COMMISSIONER**

Rule 5E-3.003, F.A.C.
Telephone: (850) 617-7830; Fax: (850) 617-7843

Date Collected _____ Registrant # _____ Company Name _____

Sample # _____ Sampler _____ Place Collected _____

Time Collected _____ Tonnage _____ Method of Sampling Hand Probe Sterile Cup Bottle
 Other _____

Product Name _____ Product Type _____

Invoice # _____ Delivery Ticket # _____

Laboratory # _____ Date Received _____ Date of Analysis _____

GUARANTEED ANALYSIS

Completed by Sampler Completed by Certified Laboratory Method # / Source

Indicate g / ton or % Indicate g / ton or %

Bacitracin	Guarantee: _____	Found: _____	D	L	E	_____
Chlortetracycline	Guarantee: _____	Found: _____	D	L	E	_____
Erythromycin	Guarantee: _____	Found: _____	D	L	E	_____
Neomycin	Guarantee: _____	Found: _____	D	L	E	_____
Oxytetracycline	Guarantee: _____	Found: _____	D	L	E	_____
Penicillin	Guarantee: _____	Found: _____	D	L	E	_____
Sulfamethazine	Guarantee: _____	Found: _____	D	L	E	_____
Sulfanilamide	Guarantee: _____	Found: _____	D	L	E	_____
Sulfathiazole	Guarantee: _____	Found: _____	D	L	E	_____
Tylosin	Guarantee: _____	Found: _____	D	L	E	_____
Other _____	Guarantee: _____	Found: _____	D	L	E	_____
_____	Guarantee: _____	Found: _____	D	L	E	_____
_____	Guarantee: _____	Found: _____	D	L	E	_____

INDICATE COMPLIANCE BY CIRCLING D = DEFICIENT L = LEGAL E = EXCESSIVE

Signature of Sampler

Signature of Laboratory Director

Feed Distributor Name / Address

Laboratory:

Consumer Name:

Address:

Address:

Signature of Authorized Representative

Telephone (_____) _____