

biOPRYN[®]

Pregnancy Test Sample Submission Form

Bill To:

Animal to be tested: Cattle, Sheep, Goat, Bison

Company Name:

Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Send Report by:

(Preferred method to receive report, check box and include info.)

Email:

Name & Phone:

Fax:

Mail (sent to address under **Bill To:**)

Payment Included \$ (check or money order)

Optional Information:

Veterinarian's Name:

Client's Name:

Herd ID:

Samples:

Date Drawn:

Date Sent:

Number of Samples Submitted:

Tube #	Animal ID	Days Bred
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Tube #	Animal ID	Days Bred
16		
17		
18		
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21		
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Tube #	Animal ID	Days Bred
31		
32		
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Tube #	Animal ID	Days Bred
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