

Cattle^{QK} and BVD Sample Submission Form

BioTracking Inc.
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testinglab@biotracking.com

Billing Information:

Company Name: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 Fax: _____
 Email: _____

Payment Included \$ _____ (check or credit card)
MAKE CHECKS PAYABLE TO: BioTracking

Send Report by:

(Preferred method to receive report; check box(es) and include info)

Email: _____
 Name & Phone: _____
 Fax: _____
 Mail (sent to address under Billing Information:)

Samples:

Date Drawn: _____ Date Sent: _____
 Number of Samples Submitted: _____

Office Use Only

Log #: _____
 Amount Enclosed \$: _____
 Notes: _____

Breeding Method:

Bull
 Artificial Insemination (AI)
 Embryo Transfer (ET)

Breed of Animal:

Beef
 Dairy

Type of Breed: _____

Added Test Available:

BVD
 * Check this box to add BVD testing for all samples, or check the box(es) in the column below for specific samples requiring BVD testing

Optional Information:

Veterinarian's Name: _____
 Client's Name: _____
 Herd ID: _____

Tube #	Animal ID	Days Bred	Cow/Heifer?	BVD
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>
12				<input type="checkbox"/>
13				<input type="checkbox"/>
14				<input type="checkbox"/>

Tube #	Animal ID	Days Bred	Cow/Heifer?	BVD
15				<input type="checkbox"/>
16				<input type="checkbox"/>
17				<input type="checkbox"/>
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>
24				<input type="checkbox"/>
25				<input type="checkbox"/>
26				<input type="checkbox"/>
27				<input type="checkbox"/>
28				<input type="checkbox"/>

Tube #	Animal ID	Days Bred	Cow/Heifer?	BVD	Tube #	Animal ID	Days Bred	Cow/Heifer?	BVD
29				<input type="checkbox"/>	65				<input type="checkbox"/>
30				<input type="checkbox"/>	66				<input type="checkbox"/>
31				<input type="checkbox"/>	67				<input type="checkbox"/>
32				<input type="checkbox"/>	68				<input type="checkbox"/>
33				<input type="checkbox"/>	69				<input type="checkbox"/>
34				<input type="checkbox"/>	70				<input type="checkbox"/>
35				<input type="checkbox"/>	71				<input type="checkbox"/>
36				<input type="checkbox"/>	72				<input type="checkbox"/>
37				<input type="checkbox"/>	73				<input type="checkbox"/>
38				<input type="checkbox"/>	74				<input type="checkbox"/>
39				<input type="checkbox"/>	75				<input type="checkbox"/>
40				<input type="checkbox"/>	76				<input type="checkbox"/>
41				<input type="checkbox"/>	77				<input type="checkbox"/>
42				<input type="checkbox"/>	78				<input type="checkbox"/>
43				<input type="checkbox"/>	79				<input type="checkbox"/>
44				<input type="checkbox"/>	80				<input type="checkbox"/>
45				<input type="checkbox"/>	81				<input type="checkbox"/>
46				<input type="checkbox"/>	82				<input type="checkbox"/>
47				<input type="checkbox"/>	83				<input type="checkbox"/>
48				<input type="checkbox"/>	84				<input type="checkbox"/>
49				<input type="checkbox"/>	85				<input type="checkbox"/>
50				<input type="checkbox"/>	86				<input type="checkbox"/>
51				<input type="checkbox"/>	87				<input type="checkbox"/>
52				<input type="checkbox"/>	88				<input type="checkbox"/>
53				<input type="checkbox"/>	89				<input type="checkbox"/>
54				<input type="checkbox"/>	90				<input type="checkbox"/>
55				<input type="checkbox"/>	91				<input type="checkbox"/>
56				<input type="checkbox"/>	92				<input type="checkbox"/>
57				<input type="checkbox"/>	93				<input type="checkbox"/>
58				<input type="checkbox"/>	94				<input type="checkbox"/>
59				<input type="checkbox"/>	95				<input type="checkbox"/>
60				<input type="checkbox"/>	96				<input type="checkbox"/>
61				<input type="checkbox"/>	97				<input type="checkbox"/>
62				<input type="checkbox"/>	98				<input type="checkbox"/>
63				<input type="checkbox"/>	99				<input type="checkbox"/>
64				<input type="checkbox"/>	100				<input type="checkbox"/>

bioPRYN[®] QK