

biOPRYN[®] Cattle

Pregnancy Test Sample Submission Form

Office Use Only

Log # _____

Amount Enclosed \$ _____

Notes: _____

Bill To:

Company Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Payment Included \$ _____ (check or money order)

Optional Information:

Veterinarian's Name: _____

Client's Name: _____

Herd ID: _____

Send Report by:

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

Email: _____

Name & Phone: _____

Fax: _____

Mail (sent to address under Bill To :)

Breed of Animal:

Beef

Dairy

Added Test Available:

BVD

*Write BVD in the added test column below

Samples:

Date Drawn: _____ Date Sent: _____

Number of Samples Submitted: _____

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

Tube #	Animal ID	Days Bred	Added Test
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Tube #	Animal ID	Days Bred	Added Test
31			
32			
33			
34			
35			
36			
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Tube #	Animal ID	Days Bred	Added Test
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