

biOPRYN[®] Sheep & Goat 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 :)

Type of Animal:

Sheep

Goat

Added Test Available:

OPP *Write OPP or
CAE in the added
 CAE 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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