

# biOPRYN<sup>®</sup> 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  Bighorn Sheep

Goat  Mountain Goat

### 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		
19		
20		
21		
22		
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24		
25		
26		
27		
28		
29		
30		

Tube #	Animal ID	Days Bred
31		
32		
33		
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Tube #	Animal ID	Days Bred
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