

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 Breed: _____

Dairy Breed: _____

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		
23		
24		
25		
26		
27		
28		
29		
30		

Tube #	Animal ID	Days Bred
31		
32		
33		
34		
35		
36		
37		
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44		
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Tube #	Animal ID	Days Bred
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