



BioPRYN Pregnancy Test Sample Submission Form - CATTLE

3216 US Hwy 54 E
Dalhart TX 79022

PHONE: (806) 244-7851
FAX: (806) 244-7852

Date Collected: _____
Date Submitted: _____

- add Johne's test \$6/test
 add BVD test \$4.50/test

Date Received: _____

WHEN TO SAMPLE:
Cattle: 30 days post-breeding & 90 Days post-calving
Cattle (Embryo Transfer): 25 days post-implant or 32 days post-heat

Case #: _____

Producer Name: _____ Farm Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone No.: _____ Fax No.: _____ E-mail: _____ I prefer to receive results via (check one): <input type="checkbox"/> Phone <input type="checkbox"/> FAX <input type="checkbox"/> E-mail <input type="checkbox"/> U.S. Mail	Veterinarian: _____ Clinic: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Clinic Phone No.: _____ Clinic Fax No.: _____ Clinic E-mail: _____ Comments: _____
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Billing Information: \$2.40/test Pmnt Included: _____	Bill To: _____ _____ _____
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Tube No.	Animal ID	Days Bred	Tube No.	Animal ID	Days Bred
1			29		
2			30		
3			31		
4			32		
5			33		
6			34		
7			35		
8			36		
9			37		
10			38		
11			39		
12			40		
13			41		
14			42		
15			43		
16			44		
17			45		
18			46		
19			47		
20			48		
21			49		
22			50		
23			51		
24			52		
25			53		
26			54		
27			55		
28			56		

Tube No.	Animal ID	Days Bred	Tube No.	Animal ID	Days Bred
57			111		
58			112		
59			113		
60			114		
61			115		
62			116		
63			117		
64			118		
65			119		
66			120		
67			121		
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