

BioPRYN[®] Pregnancy Test

Sample Submission Form



Office Use Only
 Amount Enclosed \$ _____
 Log # _____

Invoice/Report Sent to:

Name: _____
 Company: _____
 Address: _____

-----US Mail -----
 P.O Box 28168
 Columbus, OH 43228

-----UPS/ FedEx-----
 Suite A
 1224 Alton Darby Creek Rd
 Columbus, OH 43228

Phone: _____
 Fax: _____

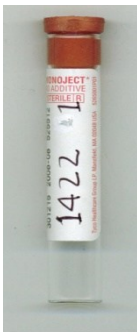
Email: _____

Label Tubes as Illustrated

◀ *Tube #*

◀ *Animal ID*

2cc or more of whole blood



Beef Breed _____ Dairy Breed _____

Payment Included \$ _____

Report by: Fax _____ Phone _____ Email _____ Mail _____

Test after the minimum Days Post Breeding (DPB)

<u>Species</u>	<u>When to Sample</u>	<u>Cost/Sample</u>
Cattle	30 DPB & 90 days post-calving	\$ 2.40
Embryo Transfer	25 days post-implant or 32 days post-heat	\$ 2.40

Date Sent _____ Total # of Samples _____

Tube #	Animal ID	Days Bred	Added Test	Tube #	Animal ID	Days Bred	Added Test
1				20			
2				21			
3				22			
4				23			
5				24			
6				25			
7				26			
8				27			
9				28			
10				29			
11				30			
12				31			
13				32			
14				33			
15				34			
16				35			
17				36			
18				37			
19				38			

Phone: 800) 344-6446

Fax: (614) 545-0468

E-mail: biopryn@dhicoop.com

Website: www.dhicoop.com

Tube #	Animal ID	Days Bred	Added Test	Tube #	Animal ID	Days Bred	Added Test
39				77			
40				78			
41				79			
42				80			
43				81			
44				82			
45				83			
46				84			
47				85			
48				86			
49				87			
50				88			
51				89			
52				90			
53				91			
54				92			
55				93			
56				94			
57				95			
58				96			
59				97			
60				98			
61				99			
62				100			
63				101			
64				102			
65				103			
66				104			
67				105			
68				106			
69				107			
70				108			
71				109			
72				110			
73				111			
74				112			
75				113			
76				114			